



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

Omna Adult Family Home LLC  
Omna Adult Family Home LLC  
17517 19TH CT NE  
SHORELINE, WA 98155

RE: Omna Adult Family Home LLC License # 755403

Dear Provider:

This letter addresses Compliance Determination(s) 59823 (Completion Date 05/23/2025) and 56093 (Completion Date 03/26/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/23/2025 and found that you have corrected the violations listed in the Full report dated 03/26/2025. Your home is back in compliance as of 05/10/2025 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 388-76-10015-1, WAC 388-76-10015-2, WAC 388-76-10255-1, WAC 388-76-10255-2, WAC 388-76-10255-3, WAC 388-76-10530-2, WAC 388-76-10530-1, WAC 388-76-10146-2-e, WAC 388-76-10265-1-d, WAC 388-76-10265-2, WAC 388-76-10161-2, WAC 388-76-10161-2-a, WAC 388-76-10161-2-b, WAC 388-76-10865-1, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:

Rivi Stella Perez

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

Sincerely,

*Alfredo Brown*

Alfredo Brown, Allied Health Field Manager  
Region 2, Unit K

Omna Adult Family Home LLC # 755403

05/23/2025

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Residential Care Services

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



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
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**20311 52nd Ave W, Suite 100, Lynnwood, WA 98036**

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Statement of Deficiencies	License #: 755403	Compliance Determination # 56093
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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 03/11/2025 of:

Omna Adult Family Home LLC  
17517 19TH CT NE  
SHORELINE, WA 98155

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Rivi Stella Perez

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





of 3 current staff (Staff A, Provider/Representative and Staff B and C, Caregivers) with medical evaluation for medical clearance to use a respirator (a device designed to protect the wearer from inhaling hazardous particulates such as viruses), fit testing and training related to use of a respirator. These failures related to use of respirators placed all 3 employees (Staff A, B, and C) and all 4 residents (Residents 1, 2, 3, and 4) at risk for contracting COVID-19.

Findings included...

NOTE: Chapter 49.17 RCW (Revised Code of Washington) is the Washington Industrial Safety and Health Act. The purpose of the law is to create, maintain and enhance the industrial safety and health program of the state (RCW 49.17.010). The law requires employers to furnish a place of employment free from recognized hazards that may cause serious injury and death to employees (RCW 49.17.060). It establishes the standards, rules, regulations and enforcement procedures for occupational safety and health in Washington (RCW 49.17).

Review of the AFH records show a written Respiratory Protection Plan (RPP). There was no record of medical clearance, fit testing and training for the use of respirator for Staff A, Staff B and Staff C.

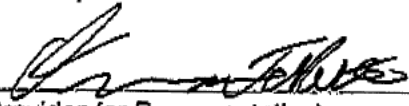
During an interview on 3/11/2025 at 4:45 PM, Staff A stated that they did not get fit tested for use of respirator.

During an interview on 3/12/2025 at 2:46 PM, Staff A stated that they had not completed a medical evaluation to get medical clearance for use of respirator, fit testing and training for the use of respirator.

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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, Omna Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date): May 10, 2025

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

 \_\_\_\_\_ Date: 4/8/2025

Provider (or Representative)

**WAC 388-76-10530 Resident rights Notice of rights and services.**

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(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.

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

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 3 of 4 residents (Resident 2, 3 and 4) had their notice of rights and services (Admission Agreement) reviewed, signed and dated by the resident and/or their representative at least every twenty-four months. This failure placed Resident 2, Resident 3 and Resident 4 and their representatives at risk of not being aware of house rules, rights, costs, and services provided by the AFH.

**Findings included...**

**RESIDENT 2**

Review of Resident 2's records showed an admission date of [REDACTED] 2021 with multiple diagnoses.

Review of the notice of rights and services form showed it was signed by Resident 2's representative on 03/25/2022, and by the AFH representative on 02/14/2022. The form was last reviewed by Resident 2's representative 35 months ago.

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During an interview on 03/11/2025 at 2:52 PM, Staff A, Provider/Representative/Resident Manager, stated the notice of services agreement form was signed by Resident 2's guardian on 03/25/2022.

During an interview on 03/11/2025 at 2:53 PM, Staff A stated that the notice and services form was not signed every 24 months because they were not aware of the requirement.

#### RESIDENT 3

Review of Resident 3's records showed an admission date of [REDACTED]/2008 with multiple diagnoses.

Review of the notice of the rights and services form showed it was signed by Resident 3's representative on 04/01/2022.

During an interview on 03/11/2025 at 2:54 PM, Staff A stated that the notice of services agreement form was signed by Resident 3's guardian on 02/15/2022.

During an interview on 03/11/2025 at 2:57 PM, Staff A stated that the notice of services agreement form was not signed every 24 months because they were not aware of the requirement.

#### RESIDENT 4

During an interview on 03/11/2025 at 2:56 PM, Staff A stated that Resident 3 was admitted on [REDACTED]/2016.

Review of Resident 4's notice of the rights and services form showed it was dated for 02/14/2022.

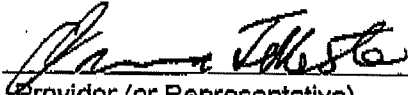
During an interview on 03/11/2025 at 2:56 PM, Staff A stated that the notice of services agreement form was signed by Resident 4 on 02/14/2022.

During an interview on 03/11/2025 at 2:57 PM, Staff A stated the form was not signed every 24 months because they were not aware of the requirement.

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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, Omna Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) May 10, 2025.

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

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

4/8/2025  
 \_\_\_\_\_  
 Date

**WAC 388-76-10146 Qualifications Training and home care aide certification.**

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

**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 sampled staff (Staff A, Provider/Representative/Resident Manager) had completed their 12 hours of continuing education (CE) by their birthday each year. This failure placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk of receiving care which may not be within the current standards of care.

**Findings included...**

Review of Staff A's personnel records show a birthday of June 20.

Review of Staff A's Nursing Assistant Registered certificate showed a renewal date of 07/09/2024 and expiration date of 06/20/2025.

Review of Staff A's personnel file on 03/11/2025 showed no copy of CE certificates.

During an interview on 03/11/2025, Staff A stated that they had completed their CE certificate trainings. Staff A stated that they had a file of CE certificates on their computer and none on their AFH personnel file binder.

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During an interview on 03/11/2025 at 4:20 PM, Staff A, Provider/Representative/Resident Manager, stated that they had not completed a TB screening for Staff C because Staff C already had a blood test completed on 03/04/2020.

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, Omna Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) May 10, 2025.

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

*[Signature]*  
Provider (or Representative)

4/8/2025  
Date

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

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

- (a) A Washington state name and date of birth background check; and
- (b) A national fingerprint background check.

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

Based on record review and interview, the Adult Family Home (AFH) failed to conduct timely and/or provide a copy of the report of the Washington Name and Date of Birth (WNOB) Background Check Inquiry (BGI) for 2 of 5 staff (Staff D and E, former caregivers) and Fingerprint Background Check (FBC) for 3 of 5 staff (Staff B, Caregiver, Staff D and Staff E). These failures placed Residents 1, 2, 3 and 4 at risk of receiving care from staff who may have a disqualifying background.

**Findings included...**

WNOB BGI report  
STAFF D

Review of Staff D's personnel file, on 03/11/2025, showed no copy of date of hire form and WNOB BGI report.

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During an interview on 03/11/2025 at 4:29 PM, Staff A, Provider/Representative/Resident Manager, stated that Staff D's date of hire was 10/01/2023 and the date of departure was February 2024.

During an interview on 03/11/2025 at 4:32 PM, Staff A stated that they did a WNDOB BGI for Staff D. Staff A stated that Staff D had taken their WBD OB BGI report. Staff A stated that they had difficulty accessing Staff D's WND OB BGI report .

During a follow-up interview on 03/13/2025 at 1:34 PM, Staff A stated that they would get a copy of Staff D's WND OB BGI report from the Secure Access Washington (or SAW, a single sign-on account to access BGI and FBC reports).

Review of the record, received from the AFH on 03/19/2025, showed a confirmation record from the Background Check Central Unit that the AFH had submitted an background check authorization form on 10/02/2023, the day after the hire date. No copy of a WBD OB BGI report was received from the AFH.

#### STAFF E

Review of Staff E's personnel file showed a hire date of 08/10/2021. There was no record on file for their WND OB BGI.

During an interview on 03/11/2025 at 4:33 PM, Staff A stated that Staff E had worked until September 2023. Staff A stated that Staff E had a WND OB BGI, and they would get a copy of the report from SAW.

During an interview on 03/13/2025 at 1:35 PM, Staff A stated that they were not sure what happened why there was no record on file for Staff E's WND OB BGI.

Review of the records, received from the AFH on 03/19/2025, showed no copy of the WND OB BGI report for Staff E.

#### FBC Report:

Note: The Dear Provider Letter (the department's form of communication to AFH Providers), dated 04/28/2022, stated, "Beginning May 1, 2022, long-term care workers will again need to complete a fingerprint-based background check as required by law. All providers and staff who began working between November 1, 2019, and April 30, 2022, will have 120 days to obtain non-disqualifying fingerprint results from the Background Check Central Unit (BCCU). This means that providers must have non-disqualifying results dated no later than August 28, 2022. New providers who start providing care on or after May 1, 2022, will have 120 days to get their results from BCCU."

#### STAFF B

Review of Staff B's personnel file showed a hire date of 07/01/2021. There was no record of an FBC report on file.

During an interview on 03/11/2025 at 4:17 PM, Staff A stated that they had a copy of the FBC report for Staff B.

Review of the personnel record, received from AFH on 03/12/2025, showed no copy of an FBC report for Staff B.

During an interview on 03/13/2025 at 1:33 PM, Staff A stated that Staff B had completed their FBC at their other workplace.

Review of personnel record, received on 03/19/2025, showed an FBC application with disclosure statements that was filed on 10/7/2024. There was no final FBC report submitted for Staff B.

#### STAFF D

Review of Staff D's personnel file, on 03/11/2025, showed no copy of date of hire form and FBC report.

During an interview on 03/11/2025 at 4:29 PM, Staff A, stated that Staff D's date of hire was 10/01/2023 and the date of departure was February 2024.

During an interview on 03/11/2025 at 4:33 PM, Staff A stated that they had not completed a FBC for Staff D.

During a follow-up interview on 03/11/2025 at 1:36 PM, Staff A stated that Staff D had completed a FBC with another AFH, but Staff A had not obtained a copy of the report.

#### STAFF E

Review of Staff E's personnel file showed a hire date of 08/10/2021. There was no record on file for an FBC report.

During an interview on 03/11/2025 at 4:33 PM, Staff A stated that Staff E had worked until September 2023. Staff A stated that they could not remember if they had completed an FBC for Staff E.

During an interview on 03/13/2025 at 1:35 PM, Staff A stated that Staff E had done an FBC with another AFH, but Staff A had not obtained a copy of the report.

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

*[Signature]* 4/8/2025  
 Provider (or Representative) Date

**WAC 388-76-10865 Resident evacuation from adult family home.**

(1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less.

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

Based on record review and interview, the Adult family Home (AFH) failed to ensure that all residents were evacuated from the home within 5 minutes for 1 of 3 full emergency evacuation drill records (January 2025). This failure placed Residents 1, Resident 2, Resident 3 and Resident 4 at risk for harm in the event on an emergency.

**Findings included...**

Record review of the emergency evacuation logs from January 2023 to January 2025 showed the AFH conducted 3 full evacuation drills on 01/04/2023, 01/31/2024 and 01/23/2025. The 01/23/2025 full evacuation drill length of time was 6 minutes.

During an interview on 03/11/2025 at 4:37 PM, Staff A, Provider/Representative/Resident Manager, stated the last full fire drill on 01/20/2025 was 6 minutes.

During an interview on 03/11/2025 at 4:39 PM, Staff A stated that they thought the time limit for a full emergency evacuation drill was 8 minutes.

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

[Signature] \_\_\_\_\_ Date: 4/8/2025

Provider (or Representative)

**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, record review and interviews, the Adult Family Home (AFH) failed to have a medication system in place to ensure prescribed medications were available for 2 of 2 sampled residents (Residents 1 and 2) and there was a medication order in place before giving a medication for 1 of 2 sampled residents (Resident 2). These failures placed Residents 1 and 2 at risk of not having the ordered medications when needed and Resident 2 at risk for medication error of taking medication not prescribed by the medical provider.

**Findings included...**

**RESIDENT 1**

Review of the AFH records for Resident 1 showed an admission date of [redacted] 2023 with multiple diagnoses and require assistance with taking medication.

Review of Resident 1's March 2025 Medication Log (ML) showed written orders for:

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

- “Acetaminophen (an over-the-counter pain medication) 325 mg (milligram), 1 tablet by mouth every six hours as needed for pain.”
- “Anti-itch lotion, Generic for Sarna (brand name for anti-itch lotion), apply topically (on the skin) three times daily as needed for itching (not covered by insurance).”
- “Sea-Omega (dietary supplement to lower cholesterol, a type of fat found in all your body's cells and is essential for building cell walls, making hormones, and digesting food) 1,000mg soft, take 1 capsule by mouth every morning \*\*Family supply\*\*.”

Observation of Resident 1's medication supply, on 03/11/2025 at 2:17 PM, showed no stock for Acetaminophen, Anti-itch lotion and Sea-Omega capsule.

During an interview on 03/11/2025 at 2:17 PM, Staff A, Provider/Representative/Resident Manager, stated that there was no supply of the Acetaminophen. Staff A stated that Resident 1's insurance will not cover the anti-itch lotion. Staff A stated the Sea-Omega was supplied by the family and they would remind the family to bring the Sea-Omega.

During a follow-up interview on 03/26/2025 at 11:15 AM, Staff A stated that there was no supply of the Acetaminophen because the medication was a PRN (as needed) and was not part of the monthly cycle delivery. Staff A stated that they had to request the Acetaminophen from the pharmacy.

During an interview on 03/26/2025 at 11:16 AM, Staff A stated that the Sea-Omega was supposed to be supplied by Resident 1's family and Resident 1's family had stopped sending the AFH the Sea-Omega medication.

During an interview on 03/26/2025 at 11:17 AM, Staff A stated that Resident 1's family was sending Eucerin (medication used as a moisturizer to treat or prevent dry, rough, scaly, itchy skin and minor skin irritations), a different brand and not the Sarna brand. Staff A stated they had asked the pharmacy to remove it from the ML.

## RESIDENT 2

Review of the AFH records for Resident 2 showed an admission date of [REDACTED]/2021 with multiple diagnosis and require assistance with medication.

Review of Resident 2's March 2025 ML showed a written order for the following medications:

- “Betamethasone DP (a steroid or medication to help reduce inflammation and suppress the immune system (a network of biological systems that protects an organism from diseases), 0.05% cream... Apply 1 application topically to affected area(s) twice daily.”
- “Acetaminophen 500 mg tablet... Take 1-2 tablets (500-1000mg) by mouth every six hours as needed for pain/fever.”
- “Ibuprofen (over-the-counter medication to manage pain, fever or inflammation)

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600 mg tablet... Take 1 tablet by mouth every eight hours as needed for pain/headaches. Take with food."

Observation of Resident 2's medication supply, on 03/11/2025 at 2:11 PM, showed no supply available for Betamethasone Cream, Acetaminophen and Ibuprofen.

During an interview on 03/11/2025 at 2:20 PM, Staff A stated that the Acetaminophen and Ibuprofen had expired and were disposed of. Staff A stated they had to request the Acetaminophen and Ibuprofen from the pharmacy.

During an interview on 03/11/2025 at 2:27 PM, Staff A stated that Resident 2's Betamethasone may have been discontinued or misplaced. Staff A stated that they assumed the Betamethasone was the Desitin (a skin barrier cream).

Observation of Resident 2's medication supply, on 03/11/2025 at 2:11 PM, showed a supply of Mucus Relief medication (a medication used to help thin or clear our snot) and Benadryl.

During an interview on 03/11/2025 at 2:11 PM, Resident 2 stated that they used the mucus relief for cough suppressant and Benadryl for allergies.

Review of Resident 2's March 2025 ML showed no orders for the Mucus Relief medications and Benadryl.

During an interview on 03/11/2025 at 2:11 PM, Staff A stated that there was no order for Mucus Relief and Benadryl because they were over-the-counter medications. Staff A stated Resident 2's family had brought those medications for Resident 2.

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, Omna Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) May 10, 2025.

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

[Signature] \_\_\_\_\_ 4/8/2025 \_\_\_\_\_  
 Provider (or Representative) Date

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