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

Martha Lake Aroma AFH LLC
Martha Lake Aroma AFH LLC
17720 11th Pl W
Lynnwood, WA 98037

RE: Martha Lake Aroma AFH LLC License # 755655

Dear Provider:

This letter addresses Compliance Determination(s) 60218 (Completion Date 05/28/2025) and 58847 (Completion Date 05/06/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/28/2025 and found that you have corrected the violations listed in the Full report dated 05/06/2025. Your home is back in compliance as of 05/16/2025 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 388-76-10805-3, WAC 388-76-10900-4, WAC 388-76-10900-5, WAC 388-76-10610-1

The Department staff who did the on-site verification:
Chrissy Exe, Long-Term Care 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 04/29/2025 of:
Martha Lake Aroma AFH LLC
17720 11th Pl W
Lynnwood, WA 98037

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

The department staff that inspected the Adult Family Home:

Chrissy Exe, Long-Term Care 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.

Renee' Bourque
Residential Care Services

05/07/2025
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.

Yodit Bein Yodit B
Provider (or Representative)

05/09/2025
Date

WAC 388-76-10805 Automatic smoke alarms.

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all smoke detectors in the home were interconnected. This failure placed 2 of 2 residents (Residents 1 and 2) at risk for injury due to delayed warning in the event of a fire.

Findings included...

Observation, on 04/29/2025 at 4:30 PM, showed the smoke detectors in Bedrooms D, E, and F were not interconnected with the rest of the smoke detectors in the home.

In an interview, on 04/29/2025 at 4:35 PM, Staff A, Entity Representative, stated that they previously believed the smoke detectors in the bedrooms were interconnected with the rest of the home.

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 _____

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Based on observation and interview, the Adult Family Home (AFH) failed to ensure all smoke detectors in the home were interconnected. This failure placed 2 of 2 residents (Residents 1 and 2) at risk for injury due to delayed warning in the event of a fire.

Findings included…

Observation, on 04/29/2025 at 4:30 PM, showed the smoke detectors in Bedrooms D, E, and F were not interconnected with the rest of the smoke detectors in the home.

In an interview, on 04/29/2025 at 4:35 PM, Staff A, Entity Representative, stated that they previously believed the smoke detectors in the bedrooms were interconnected with the rest of the home.

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, Martha Lake Aroma AFH LLC is or will be in compliance with this law and / or regulation on (Date) 05/15/2025

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

Yodit Beim Yodit B 05/15/2025

Provider (or Representative) Date

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(4) Whether the drill was a full or partial emergency evacuation; and

(5) The length of time it took to complete the evacuation.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to document all required information when conducting emergency evacuation drills. This failure placed 2 of 2 residents (Residents 1 and 2) at potential risk of harm in the event of an emergency.

Findings included...

Record review showed incomplete documentation for the two most recent emergency evacuation drills. The most recent drill, dated 02/28/2025, was documented as a partial evacuation drill. This drill did not have the start time, end time, and length of drill documented on the form. The drill, dated 12/28/2024, did not identify the type of drill.

In an interview, on 04/29/2025 at 3:37 PM, Staff A, Entity Representative, stated that all drills completed at the AFH were full evacuations. Staff A stated that they were incorrectly documenting the type of drill on the emergency evacuation drill form.

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, Martha Lake Aroma AFH 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 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(4) Whether the drill was a full or partial emergency evacuation; and

(5) The length of time it took to complete the evacuation.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to document all required information when conducting emergency evacuation drills. This failure placed 2 of 2 residents (Residents 1 and 2) at potential risk of harm in the event of an emergency.

Findings included…

Record review showed incomplete documentation for the two most recent emergency evacuation drills. The most recent drill, dated 02/28/2025, was documented as a partial evacuation drill. This drill did not have the start time, end time, and length of drill documented on the form. The drill, dated 12/28/2024, did not identify the type of drill.

In an interview, on 04/29/2025 at 3:37 PM, Staff A, Entity Representative, stated that all drills completed at the AFH were full evacuations. Staff A stated that they were incorrectly documenting the type of drill on the emergency evacuation drill form.

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, Martha Lake Aroma AFH LLC is or will be in compliance with this law and / or regulation on (Date) 05/16/2025

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

Yodit Beim Yosif 3 — Provider (or Representative)

05/16/2025 — Date

WAC 388-76-10610 Resident rights Waiver of liability. The adult family home must not ask the resident for, or make the resident sign waivers of:

(1) Potential liability for losses of personal property or injury; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home failed to ensure that 1 of 2 residents (Resident 2) had not signed a waiver of liability for potential injury due to refusal of care. This failure placed Resident 2 at risk of violation of their resident rights in the event of injury.

Findings included...

In an email received by the Department, on 04/30/2025 at 12:56 PM, Staff A, Entity Representative, provided a copy of a document titled, "Against Medical Advice (AMA) Form" for Resident 2. Review of the AMA form showed Resident 2 was documented as refusing care per their own insistence and against the advice per their care plan. The AMA form stated that the AFH recommended repositioning every two to four hours. The AMA form talked about potential risks if repositioning was not completed. Further review showed Staff A and Resident 2's representative signed and dated the AMA form on 04/12/2025.

In a telephonic interview, on 05/05/2025 at 2:16 PM, Staff A said that the AMA form was completed following recommendation by Resident 2's primary care provider. Staff A said that Resident 2's representative, primary care provider, and case manager are aware of Resident 2's frequent refusal to allow staff to assist with repositioning. Staff A said that they were previously unaware of the requirement to not have residents sign waivers of liability for injury.

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, Martha Lake Aroma AFH 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 388-76-10610 Resident rights Waiver of liability. The adult family home must not ask the resident for, or make the resident sign waivers of:

(1) Potential liability for losses of personal property or injury; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home failed to ensure that 1 of 2 residents (Resident 2) had not signed a waiver of liability for potential injury due to refusal of care. This failure placed Resident 2 at risk of violation of their resident rights in the event of injury.

Findings included…

In an email received by the Department, on 04/30/2025 at 12:56 PM, Staff A, Entity Representative, provided a copy of a document titled, “Against Medical Advice (AMA) Form” for Resident 2. Review of the AMA form showed Resident 2 was documented as refusing care per their own insistence and against the advice per their care plan. The AMA form stated that the AFH recommended repositioning every two to four hours. The AMA form talked about potential risks if repositioning was not completed. Further review showed Staff A and Resident 2’s representative signed and dated the AMA form on 04/12/2025.

In a telephonic interview, on 05/05/2025 at 2:16 PM, Staff A said that the AMA form was completed following recommendation by Resident 2’s primary care provider. Staff A said that Resident 2’s representative, primary care provider, and case manager are aware of Resident 2’s frequent refusal to allow staff to assist with repositioning. Staff A said that they were previously unaware of the requirement to not have residents sign waivers of liability for injury.

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, Martha Lake Aroma AFH LLC is or will be in compliance with this law and / or regulation on (Date) 05/15/2025

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

Yodit Bein Yodit B

Provider (or Representative)

05/15/2025

Date

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, Martha Lake Aroma AFH 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

05/07/2025

Martha Lake Aroma AFH LLC
Martha Lake Aroma AFH LLC
17720 11th Pl W
Lynnwood, WA 98037

RE: Martha Lake Aroma AFH LLC # 755655

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/06/2025 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 Return the Plan/Attestation Statement and report with signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
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 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

The Adult Family Home (AFH) failed to ensure that informed consent had been obtained for the use of [redacted] for 2 of 2 residents (Residents 1 and 2). Staff A, Entity Representative, had Resident 2's representative sign and date the informed consent document during the visit. Staff A had also requested Resident 1's representative to sign the informed consent document. This deficiency was corrected on-site at the time of visit.

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(3) When and how the care and services will be provided;

(7) If needed, a plan to:

(d) Respond to a resident's refusal of care or treatment, including when the resident's physician or practitioner should be notified of the refusal;

The Adult Family Home (AFH) failed to ensure that the Negotiated Care Plan (NCP) for 1 of 2 residents (Resident 2) accurately documented the Resident's repositioning needs. The NCP had not described how Resident 2 would be repositioned, or steps to take if the resident refused. This deficiency was corrected by Staff A, Entity Representative.

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The Adult Family Home (AFH) failed to have a written succession plan. This deficiency was corrected on-site by Staff A, Entity Representative, who provided a written copy of a succession plan.

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
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

Plan of Correction

To: Renee Bourque, Field manager

I hope this message finds you well and sound.

I would like to inform you that the deficiencies found in the house, Martha Laske Aroma AFH are corrected on the date shown on the plan of correction papers box. I have learned each day and every moment are an opportunity to learn more.

Yodit Bein

Yodit B 05/16/2025