



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**PO Box 99250, Lakewood, WA 98496**

Petra Comfort Homes LLC  
Petra Comfort Homes LLC  
1721 S 80th St  
Tacoma, WA 98408

RE: Petra Comfort Homes LLC License # 755712

Dear Provider:

This letter addresses Compliance Determination(s) 44628 (Completion Date 07/23/2024) and 40097 (Completion Date 05/13/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/23/2024 and found that you have corrected the violations listed in the Complaint report dated 05/13/2024. Your home is back in compliance as of 05/21/2024 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 388-76-10250-1-a

The Department staff who did the on-site verification:  
Nadine Shon, Community Complaint Investigator

If you have any questions, please contact me at (253)983-3826.

Sincerely,

*Lisa Cramer*

Lisa Cramer, Field Manager  
Region 3, Unit A  
Residential Care Services

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



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Statement of Deficiencies	License #: 755712	Compliance Determination # 40097
Plan of Correction	Petra Comfort Homes LLC	Completion Date
Page 1 of 4	Licensee: Petra Comfort Homes LLC	05/13/2024

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 04/22/2024 and 04/22/2024 of:

Petra Comfort Homes LLC  
 1721 S 80th St  
 Tacoma, WA 98408

This document references the following complaint number(s): 124606

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:

Nadine Shon, Community Complaint Investigator

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 3 , Unit A  
 PO Box 99250  
 Lakewood, WA 98496

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.

*Lisa Cramer*

Residential Care Services

05/15/2024

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.

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DSHS RCS REG. 3  
LAKEWOOD

*[Signature]* (Rahab Nyuguna)  
Provider (or Representative)

5/21/2024  
Date

MAY 30 2024

RECEIVED

**WAC 388-76-10250 Medical emergencies Contacting emergency medical services Required.**

(1) The adult family home must develop and implement policies and procedures which require immediate contact of the local emergency medical services when a resident has a medical emergency. This requirement applies:

(a) Unless the caregiver, present at the time of the emergency, is a licensed physician or registered nurse acting within his or her scope of practice;

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

Based on interview and record review, the adult family home (AFH) did not implement the home's policies and procedures requiring staff to contact local emergency medical services when 1 of 5 residents [Resident 2 (R2)] exhibited changes in their behavior after ingesting an unknown substance. This failure placed R2's health and wellbeing at risk for an adverse medical outcome.

Findings included . . .

A review of the AFH's policy on "Contacting Emergency Services," showed staff were required to contact emergency services in the event of an emergency. Per the policy, Staff were to notify the AFH Provider, Resident's Representatives and the Resident's Health Care Provider.

Record review of R2's negotiated care plan (NCP), dated 11/27/2023, showed R2 was admitted to the AFH on [redacted] 2023 with diagnoses to include [redacted]

[redacted] and [redacted]. Record review showed R2 required the assistance of staff to manage their prescription medications.

A review of an incident report, dated 03/09/2024, showed at 12:40 PM, R2 ingested a cookie given to them by [Resident 1 (R1)]. Staff B and Staff C observed "strange psychotic behavior" and R2 was delusional. The report indicated Staff A (Resident Manager) was notified and Staff B and Staff C were directed to place R2 in bed to prevent falls, give fluids, and monitor them. The report did not indicate Staff B and Staff C sought medical emergency services or reported R2's changes in behavior to R2's Health Care Provider or

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Representatives.

On 04/22/2024 at 2:20 PM, during interview, R2 said they remembered R1 gave them "candy", then they felt "weird, emotional and dizzy". R2 said they were not aware that the "candy" potentially contained marijuana. R2 recalled being put to bed and was not evaluated by emergency services. R2 did not say how long the effects lasted but said they were now fine.

On 04/22/2024 at 2:30 PM, during interviews, Staff B and Staff C said they noticed changes in R2's behavior. They asked other residents if they had given R2 anything, and R1 said they gave R2 a cookie containing marijuana. They reported to Staff A but did not call emergency services.

On 05/09/2024 at 3:00 PM, during interview, R1 said they gave R2 a cookie that had marijuana but no other resident was given one. R1 did not have a reason and said they would not do it again.

On 04/22/2024 at 3:00 PM, during interview, Staff A said they were not at the AFH when Staff B and Staff C reported R2 developed symptoms of changes in behavior. Staff A recalled Staff reported R2's symptoms were improving and did not have Staff call emergency medical services or notify R2's Representatives or Health Care Provider. When asked if Staff on duty were a physician or nurse whose scope of practice included the background to assess whether a resident needed medical attention, Staff A said the Staff on duty were not.

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**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, Petra Comfort Homes LLC is or will be in compliance with this law and / or regulation on (Date) 05/21/2024.

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

Statement of Deficiencies

License #: 755712

Compliance Determination # 40097

Plan of Correction

Petra Comfort Homes LLC

Completion Date

Page 4 of 4

Licensee: Petra Comfort Homes LLC

05/13/2024

<del>Petra</del> (Rahab Nuguna)	5/21/2024
Provider (or Representative)	Date

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