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

Pomy Adult Family Home LLC

Pomy Adult Family Home LLC
658 Taylor Ave NW
Renton, WA 98057

RE: Pomy Adult Family Home LLC License # 756803

Dear Provider:

This letter addresses Compliance Determination(s) 63745 (Completion Date 08/06/2025) and 59888 (Completion Date 06/24/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/06/2025 and found that you have corrected the violations listed in the Complaint report dated 06/24/2025. Your home is back in compliance as of 06/30/2025 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 388-76-10205

The Department staff who did the on-site verification:
Imelda Cornelio, NCI

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

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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 05/20/2025 of:

Pomy Adult Family Home LLC
658 Taylor Ave NW
Renton, WA 98057

This document references the following complaint number(s): 176567

The following sample was selected for review during the unannounced on-site visit: 4 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Lori Smith, Nursing Consultant Institutional

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 — 06/25/2025 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.

Provider (or Representative) — Date

WAC 388-76-10205 Medicaid or state funded residents. When the adult family home accepts medicaid or state funded residents, the home must follow the terms and conditions of the department contract and chapter 388-105 WAC.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to notify the department in a timely manner for 2 of 2 [redacted] ([redacted]) residents (Resident 1 and Resident 2) who were hospitalized. This failure resulted in delays in processing bed hold requests and placed the department at risk of providing improper payments to the AFH.

Findings included...

WAC 388-105-0045
Bed or unit hold–[redacted] residents at an ESF, AFH, ARC, EARC, or AL who need short-term care at a nursing home or hospital.
(7) If a [redacted] resident stays at a hospital or nursing home for more than twenty-four hours, the ESF, AFH, ARC, EARC, or AL must notify the department by email, fax, or telephone within twenty-four hours after the initial twenty-four hour period. If the end of the initial twenty-four hour period falls on a weekend or state holiday, the ESF, AFH, ARC, EARC, or AL must notify the department within twenty-four hours after the weekend or holiday.

During an unannounced visit on 05/20/2025 at 10:48 AM, observation showed Resident 1, Resident 2, and three other residents lived in the AFH.

<RESIDENT 1>

Review of Comprehensive Assessment Reporting & Evaluation (CARE [a department database that contains client information including assessments, eligibility, and payment information]) records on 06/20/2025 at 11:30 AM showed the AFH received [redacted] funding from the department beginning [redacted]/2024 and authorized until [redacted]/2026 for Resident 1's care and services.

Review of a hospital Discharge Summary, dated [redacted]/2025, showed Resident 1 admitted to the hospital on Sunday, [redacted]/2025, and discharged on [redacted]/2025.

Review of an email communication dated [redacted]/2025 at 10:48 AM, 15 days after admission to hospital, showed Staff A, Entity Representative, reported to Other Not Affiliated 1 (ONA 1), department case manager, that Resident 1 was in the hospital since [redacted]/2025. Staff A reported that the hospital expected Resident 1 to only stay one night but kept extending their stay and expected them to be discharged at the end of each day, and therefore Staff A did not inform ONA 1 until then.

Review of a department Service Episode Record (SER [department notes regarding correspondence or actions taken regarding a client]) note, dated [redacted]/2025 at 3:32 PM, showed ONA 1 received an email from Staff A reporting that Resident 1 was in hospital since [redacted]/2025, and ONA 1 submitted a bed hold request on [redacted]/2025.

<RESIDENT 2>

Review of the department's CARE records on 06/20/2025 at 11:47 AM showed the AFH received [redacted] funding from the department beginning [redacted]/2024 and authorized until [redacted]/2025 for Resident 2's care and services.

Review of a hospital Discharge Summary, dated 04/10/2025 at 12:41 PM, showed Resident 2 admitted to the hospital on Monday, [redacted]/2025, and discharged on [redacted]/2025.

Review of a text message communication dated [redacted]/2025, four days after admission to hospital, showed Staff A notified ONA 1 that Resident 2 admitted to the hospital on [redacted]/2025 and discharged back to the AFH on [redacted]/2025.

Review of a SER note, dated 04/14/2025 at 11:35 AM, showed ONA 1 received notification from Staff A that Resident 2 was hospitalized from [redacted]/2025 through [redacted]/2025, and ONA 1 submitted a bed hold request on 04/14/2025.

In an interview on 06/20/2025 at 1:59 PM, Staff A said that their understanding was they had to notify the department of a hospitalization after a resident discharged from the hospital and returned to the AFH.

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, Pomy 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