



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

KARE ADULT FAMILY HOME LLC
KARE ADULT FAMILY HOME LLC
11212 Clover Crest Dr. SW
LAKEWOOD, WA 98499

RE: KARE ADULT FAMILY HOME LLC License # 757180

Dear Provider:

This letter addresses Compliance Determination(s) 53927 (Completion Date 02/24/2025) and 50632 (Completion Date 12/12/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/24/2025 and found that you have corrected the violations listed in the Full report dated 12/12/2024. Your home is back in compliance as of 01/20/2025 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 388-76-10430, WAC 388-76-10430-1, WAC 388-76-10430-2, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3

The Department staff who did the on-site verification:

Daphne Gill, LTC Surveyor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster, Community Nurse Field Manger
Region 3, Unit G
Residential Care Services



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Statement of Deficiencies	License #: 757180	Compliance Determination # 50632
Plan of Correction	KARE ADULT FAMILY HOME LLC	Completion Date
Page 1 of 3	Licensee: KARE ADULT FAMILY HOME LLC	12/12/2024

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 the unannounced on-site full inspection on 11/20/2024 and 11/20/2024 of:
KARE ADULT FAMILY HOME LLC
7506 95TH AVE SW
LAKEWOOD, WA 98498

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Daphne Gill, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Clinton Fridley
Residential Care Services

12/13/2024
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.

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



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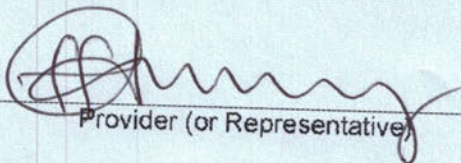
 Residential Care Services

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Statement of Deficiencies	License #: 757180	Compliance Determination # 50632
Plan of Correction	KARE ADULT FAMILY HOME LLC	Completion Date
Page 2 of 3	Licensee: KARE ADULT FAMILY HOME LLC	12/12/2024



 Provider (or Representative)

12-19-2024

 Date

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.
- (3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on record review, observations and interview, the adult family home (AFH) failed to have a system in place to meet the medication needs of residents and to ensure residents received medications as required for 2 of 5 residents (Resident 1, and 4). This failure placed all residents at risk for not receiving medications as ordered.

Findings included...

<Resident 1>

Record review on 11/20/2024 at 12:51 P.M., of Resident 1's (R1) Medication Administration Record (MAR), dated November 2024, showed Aspercreme Lidocaine Patch (for pain) was prescribed as a daily dose.

An observation of R1's medication supply, on 11/20/2024, showed that the Aspercreme Lidocaine Patch was not included in R1's medication supply.

During an interview on 11/20/2024 at 12:57 P.M., the Provider reported the medication was not covered by insurance and is family supplied.

<Resident 4>

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

Provider (or Representative)

Date

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<Resident 4>

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Plan of Correction	KARE ADULT FAMILY HOME LLC	Completion Date
Page 3 of 3	Licensee: KARE ADULT FAMILY HOME LLC	12/12/2024

Record review on 11/20/2024 at 1:10 P.M., of Resident 4's (R4) MAR, dated November 2024, showed Acetaminophen (for pain), Aspercreme Lidocaine (for pain), Banophen (for itching), Nystatin (for rash), Robafen (for cough) and Triamcinolone (for rash) prescribed as needed (PRN).

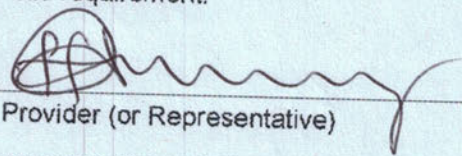
An observation of R4's medication supply on 11/20/2024, showed Acetaminophen, Aspercreme Lidocaine, Banophen, Nystatin, Robafen, and Triamcinolone were missing from the medication supply. Oxycodone (for pain) was included in R4's medication supply and was not listed on the MAR.

During an interview on 11/20/2024 at 1:40 P.M., the Provider stated the home did not have Acetaminophen, Aspercreme Lidocaine, Banophen, Nystatin, Robafen, and Triamcinolone. The Provider explained speaking to the doctor last week to have these medications removed. The Provider was unsure about why the Oxycodone was not listed on 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, KARE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 1/20/2024.

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



 Provider (or Representative)

12-19-2024

 Date

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