



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

Ly Houy Ngor
LYS ADULT FAMILY HOME
19265 Occidental Ave S
Des Moines, WA 98148

RE: LYS ADULT FAMILY HOME License # 95202

Dear Provider:

This letter addresses Compliance Determination(s) 45192 (Completion Date 08/08/2024) and 40218 (Completion Date 05/29/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/08/2024 and found that you have corrected the violations listed in the Full report dated 05/29/2024. Your home is back in compliance as of 06/03/2024 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 388-76-10161-3, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10750-1, WAC 388-76-10750-11-d, WAC 388-76-10315-1-g

The Department staff who did the on-site verification:
Lyra Ouano, AFH Licenser

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

Statement of Deficiencies	License # 96202	Compliance Determination # 40218
Plan of Correction	LYS ADULT FAMILY HOME	Completion Date
Page 1 of 5	Licensee: Ly Houy Ngor	05/29/2024

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 04/23/2024 and 04/23/2024 of
LYS ADULT FAMILY HOME
19265 Occidental Ave S
Des Moines, WA 98148

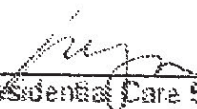
The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Lyra Ouano, AFH Licensor

From:
OSHS, 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

05/30/2024
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.



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

Statement of Deficiencies	License #: 95202	Compliance Determination # 40218
Plan of Correction	LYS ADULT FAMILY HOME	Completion Date
Page 1 of 5	Licensee: Ly Houy Ngor	05/29/2024

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 04/23/2024 and 04/23/2024 of:

LYS ADULT FAMILY HOME
 19265 Occidental Ave S
 Des Moines, WA 98148

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Lyra Ouano, AFH Licensor

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

 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.

Statement of Deficiencies	License # 95202	Compliance Determination # 43216
Plan of Correction	LYS ADULT FAMILY HOME	Completion Date
Page 2 of 5	Licenses: Ly Haoy Ngoc	05/29/2024

Ly Haoy Ngoc
 Provider (or Representative)

6/3/2024
 Date

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

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a valid Washington state name and date of birth background check (BGC) for 1 of 2 staff (Staff B, Volunteer). No new background authorization form was submitted to the background check unit for Staff B. This placed all three residents at risk of harm from a volunteer with an unknown criminal background.

Findings included...

On 04/23/2024 at 11:10 AM interview, Staff A, Provider, said that they were the only caregiver in the home. Staff A said that Staff B was a qualified caregiver and volunteered in the home when Staff A went out on errands. Staff A said that Staff B was last in the home to cover a part of Staff A shift on 04/22/2024.

Administrative record review showed Staff B's BGC completed on 03/11/2021, expired on 03/11/2023. There was no new background authorization form found for Staff B. Staff B had expired BGC for 13 months.

On 04/23/2024 at 3:00 PM interview, Staff A said that they knew BGC was required every two years. Staff A said that they would have Staff B fill out a background authorization form immediately.

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

Provider (or Representative)

Date

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

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

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(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a valid Washington state name and date of birth background check (BGC) for 1 of 2 staff (Staff B, Volunteer). No new background authorization form was submitted to the background check unit for Staff B. This placed all three residents at risk of harm from a volunteer with an unknown criminal background.

Findings included...

On 04/23/2024 at 11:10 AM interview, Staff A, Provider, said that they were the only caregiver in the home. Staff A said that Staff B was a qualified caregiver and volunteered in the home when Staff A went out on errands. Staff A said that Staff B was last in the home to cover a part of Staff A shift on 04/22/2024.

Administrative record review showed Staff B's BGC completed on 03/11/2021, expired on 03/11/2023. There was no new background authorization form found for Staff B. Staff B had expired BGC for 13 months.

On 04/23/2024 at 3:00 PM interview, Staff A said that they knew BGC was required every two years. Staff A said that they would have Staff B fill out a background authorization form immediately.

Statement of Deficiencies	License # 95202	Compliance Determination # 40218
Plan of Correction	LYS ADULT FAMILY HOME	Completion Date
Page 3 of 5	Licensee: Ly Hany Ngor	05/29/2024

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, LYS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 6/3/2024.

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

Ly Hany Ngor
Provider (or Representative)

6/3/2024
Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

- (1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;
- (11) Keep the home free from:
 - (a) Other vermin.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to keep the home free of ants, potential hazards, and in a sanitary and homelike condition. This placed 3 of 3 residents (Resident 1, Resident 2, and Resident 3) at risk for decreased quality of life from poor environmental conditions.

Findings included...

On 04/23/2024 at 11:15 AM, observation showed Resident 1 sitting on a chair in the dining room, Resident 2 walked out through the main door to the driveway, and Resident 3 was in the bathroom.

At 11:48 AM on a round table close to the kitchen counter, observation showed magazines, papers, and pen on top of it. Black ants were observed crawling on the tabletop. Across this table toward a wall on the floor was top loading water dispenser without any water container on top. Outside Bedroom E, observation showed a wooden headboard leaning on the wall. To the right of the headboard was a plastic Christmas tree and behind the tree on the floor was a television (TV).

At 11:55 AM, Staff A, Provider, was observed giving Resident 2 their medication. Staff A then brought the medication administration record (MAR) to the round table and documented the medication they gave to Resident 2. At 12:18 PM, black ants were observed crawling on top of the round table where the MAR was.

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

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, LYS ADULT FAMILY HOME 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

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Based on observation, interview and record review, the adult family home (AFH) failed to keep the home free of ants, potential hazards, and in a sanitary and homelike condition. This placed 3 of 3 residents (Resident 1, Resident 2, and Resident 3) at risk for decreased quality of life from poor environmental conditions.

Findings included...

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At 11:55 AM, Staff A, Provider, was observed giving Resident 2 their medication. Staff A then brought the medication administration record (MAR) to the round table and documented the medication they gave to Resident 2. At 12:18 PM, black ants were observed crawling on top of the round table where the MAR was.

Statement of Deficiencies	License # 95202	Compliance Determination # 43216
Plan of Correction	LYS ADULT FAMILY HOME	Completion Date
Page 4 of 5	Licensee: Ly Hany Ngor	05/29/2024

On 04/23/2024 at 3:15 PM interview, Staff A said that the TV and the water dispenser were not operational, and they used the headboard as a shelf. Staff A said that they had planned to bring the inoperable items to the dumpster. Staff A said that they had not seen any ants before in the home but would contact a pest control company as soon as possible.

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, LYS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 6/3/2024

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

Ly Hany Ngor
Provider (or Representative)

6/3/2024
Date

WAC 388-76-10315 Resident record Required. The adult family home must:

- (f) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:
- (g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have records of 1 of 2 sampled resident (Resident 1) available to the department staff for review. This delayed the department staff from knowing if the home complied with regulations.

Findings included...

On 04/08/2024 review of Resident 1's admission record dated [redacted]/2023 showed the AFH admitted them on [redacted]/2023. Resident 1's record showed admission agreements dated 09/21/2023, 2023 and 2024 assessments and negotiated care plans, physician's orders, and medication administration records. There was no Medicaid (a free or low-cost health care coverage for individuals who meet eligibility requirements) policy found in Resident 1's admission records. There was no other Medicaid policy found in any of Resident 1's record.

On 04/28/2024 at 3:00 PM interview, Staff A, Provider, said that they could not find Resident 1's Medicaid policy but that they remembered Resident 1's collateral contact signed them. Staff A said that they would send it to the department once found.

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On 04/23/2024 at 3:15 PM interview, Staff A said that the TV and the water dispenser were not operational, and they used the headboard as a shelf. Staff A said that they had planned to bring the inoperable items to the dumpster. Staff A said that they had not seen any ants before in the home but would contact a pest control company as soon as possible.

Attestation Statement

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

Provider (or Representative)

Date

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- (1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:
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This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have records of 1 of 2 sampled resident (Resident 1) available to the department staff for review. This delayed the department staff from knowing if the home complied with regulations.

Findings included...

On 04/08/2024 review of Resident 1's admission record dated [REDACTED]/2023 showed the AFH admitted them on [REDACTED]/2023. Resident 1's record showed admission agreements dated 09/21/2023, 2023 and 2024 assessments and negotiated care plans, physician's orders, and medication administration records. There was no Medicaid (a free or low-cost health care coverage for individuals who meet eligibility requirements) policy found in Resident 1's admission records. There was no other Medicaid policy found in any of Resident 1's record.

On 04/28/2024 at 3:00 PM interview, Staff A, Provider, said that they could not find Resident 1's Medicaid policy but that they remembered Resident 1's collateral contact signed them. Staff A said that they would send it to the department once found.

Statement of Deficiencies	License # 95292	Compliance Determination # 43218
Plan of Correction	LYS ADULT FAMILY HOME	Completion Date
Page 5 of 5	Licensee: Ly Houy Ngor	05/29/2024

As of 05/15/2024, the department had not received Resident 1's signed Medicaid policy.

Attestation Statement

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

Ly Houy Ngor
Provider (or Representative)

6/3/2024
Date

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

As of 05/15/2024, the department had not received Resident 1’s signed Medicaid policy.

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, LYS ADULT FAMILY HOME 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

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

ATTN: ANIKO

June 2nd, 2024

Ly's Adult Family Home
19265 Occidental Ave. S.
Des Moines, WA, 98148
(206) 304-3661
LYHOUYNGOR@HOTMAIL.COM

To Ms. Quano,

This letter is to inform of the following plan of corrections that have been made after the inspection that took place on April 24, 2024.

A Name and Date of Birth background check has been made for Staff B on April 24, 2024.

A pest control company was called to exterminate the ant situation in the house.

They showed up on April 28, 2024.

The broken water dispenser is no longer in the house as of April 28, 2024

On the same date the offending headboard was removed from the home.

Resident's 1's proof of [REDACTED] is now on file.

Proof of Resident 1's Medicaid policy was faxed to the department on May 21, 2024.

If you have any questions please feel free to contact me.

Thank you,
Ly Houy Ngor
Ly's Adult Family Home



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