STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Sandy K. Abdilkareem
SANDY'S ADULT FAMILY HOME
6316 80TH ST NE
MARYSVILLE, WA 98270

RE: SANDY'S ADULT FAMILY HOME License # 448100

Dear Provider:

This letter addresses Compliance Determination(s) 70194 (Completion Date 12/16/2025) and 69512 (Completion Date 12/03/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/16/2025 and found that you have corrected the violations listed in the Follow up report dated 12/03/2025. Your home is back in compliance as of 12/15/2025 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 388-76-10198-4

The Department staff who did the off-site verification:
Kimberly Rush, Long Term Care Surveyor

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, AFH Field Manager
Region 2, Unit B
Residential Care Services

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

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 follow-up on 12/02/2025 of:

SANDY'S ADULT FAMILY HOME
6316 80TH ST NE
MARYSVILLE, WA 98270

This document references the following SOD dated: 12/03/2025

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Kimberly Rush, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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

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 _____

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 5 (Staff E, Caregiver) had the final national fingerprint background check results available for the Department to review. This failure resulted in the required personnel records being unavailable for authorized Department staff to review and placed residents at risk of being cared for by someone with an unverified background check results.

Findings included…

Record review of Staff E's undated employee file showed Staff E was hired on 04/04/2020. Review of Staff E's employee file showed no final national fingerprint background check results.

During an interview on 12/02/2025 at 3:02 PM, Staff A (Provider) stated that Staff E was unable to obtain the record of their final national fingerprint background result. Staff A stated that Staff E was going to get a new final national fingerprint background check done soon. At 3:18 PM Staff A stated that Staff E worked alone at the AFH.

During an interview on 12/02/2025 at 3:26 PM, Staff C (Caregiver) stated that Staff E

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had a final national fingerprint background check done in 2020 but the place that Staff E had it done closed and they (Staff E) were unable to retrieve the record and result of it. Staff C stated that Staff E had another national fingerprint background check done in 2022, but did not have the result of it available. Staff C stated that Staff E was given a new application and thought that Staff E had an appointment to have their national fingerprint background check done. Staff C was then observed to call Staff E. Staff C stated that Staff E had been unable to make an appointment because they did not have all the required information. Staff A and C stated that they did not know why Staff E did not let them know they needed more information to set up the appointment to have their national fingerprint background check done.

During a phone interview on 12/03/2025 at 4:44 PM, Staff C stated that they were able to request Staff E's 2020 final national fingerprint background check, but it could take up to five days to receive the record.

This is an uncorrected deficiency previously cited on 10/09/2025.

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, SANDY'S 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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 09/18/2025 and 09/19/2025 of:
SANDY'S ADULT FAMILY HOME
6316 80TH ST NE
MARYSVILLE, WA 98270

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

The department staff that inspected the Adult Family Home:

Kimberly Rush, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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

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

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 observation, interview, and record review, the Adult Family Home (AFH) failed to have a system in place to ensure medication logs (ML) were up to date and contained all necessary information for 2 of 2 sampled residents (Resident 1 & 3). Additionally, the AFH failed to ensure all medication directives were followed for Resident 1. These failures placed residents at risk for medication errors and medical complications.

Findings included…

<Resident 1 >
Record review showed the AFH admitted Resident 1 on [redacted]/2024 with multiple medical diagnoses. Resident 1's assessment, dated [redacted]/2024, showed Resident 1 required caregiver administration with medications.

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

Record review of Resident 1's ML showed a pharmacy printed personal care record page with charting dates for 09/01/2025 through 09/30/2025. All subsequent pages of Resident 1's pharmacy printed ML showed charting dates for 05/01/2025 through 05/31/2025. Review of Resident 1's ML showed the following:

- R.I.C.E. REST. Ice for 15 min. 2x/day. Compress and elevate as tolerated discontinue (DC) when resolved. The ML showed no initials for 8 AM or 8 PM for the month of September. The ML showed handwritten documentation "done". The ML showed no date of resolution.
- Bacitracin (a medication used to treat skin infections and prevent wound infections) 500 Unit/grams (GM) apply to wound topically once daily per basic wound care orders. The ML showed no initials as given at 8 AM for the month of September. The ML showed handwritten "done" and documented no date of discontinuation. Review showed no physician orders for the discontinuation of Resident 1's routine Bacitracin.
- Trazodone (a medication used as a sleep aid) 150 milligrams (MG) tablet take ½ tablet (75 MG) by mouth daily at 7 PM *ok to crush*. The ML showed caregiver initials as given at 7 PM on 09/01/2025 through 09/17/2025. Review of Resident 1's physician ordered medication list with charting dates for 09/01/2025 through 09/30/2025, showed Trazodone 100 MG tablet take 1 tablet by mouth daily at 7PM *ok to crush* (discontinue prior dosing/directives)
- Melatonin (a supplement used to aid sleep) 3 MG tablet take 1 tablet by mouth at 5 PM *ok to crush*. The ML showed a handwritten slash through the pharmacy printed 5 PM doses and handwritten "6 PM". The ML showed initials as given at 6 PM on 09/01/2025 through 09/17/2025.
- Prazosin (a medication used to treat high blood pressure) 2 MG capsule take 1 capsule by mouth at bedtime *hold for systolic blood pressure (SBP) less than 100 or heart rate (HR) less than 60. *Ok to open capsule and sprinkle on applesauce or soft food*. The ML showed initials for 8 PM doses on 09/01/2025 through 09/17/2025. The ML showed no documentation of Resident 1's SBP or BP.

Review of Resident 1's physician ordered medication list with charting dates for 09/01/2025 through 09/30/2025, showed the following orders were not transcribed on Resident 1's ML:

- Routine Baclofen (a medication used to treat muscle stiffness, tightness and spasms) 5 MG tablet take 1 tablet by mouth at bedtime
- PRN (as needed) Boudreaux butt paste (a medication used to treat diaper rash and other skin irritations) apply topically affected area(s) as needed with every peri care (cleaning the private areas of a patient)

<Resident 3 >

Record review showed the AFH admitted Resident 3 on [redacted]/2021 with multiple medical diagnoses. Resident 3's assessment, dated 07/03/2025, showed Resident 3 required caregiver administration with medications.

Record review of Resident 3's ML showed a pharmacy printed personal care record page with charting dates for 09/01/2025 through 09/30/2025. The first page of Resident 3's pharmacy printed ML showed charting dates for 07/01/2025 through 07/31/2025. All subsequent pages of Resident 3's pharmacy printed ML showed charting dates for 05/01/2025 through 05/31/2025. Review of Resident 3's ML showed the following as needed (PRN) orders appeared twice on Resident 3's pharmacy printed ML:

- [redacted]
- Supplement health shake

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

Record review of Resident 3's pharmacy printed ML, with charting dates for 05/01/2025 through 05/31/2025, showed PRN Hydromorphone (a medication used to treat pain) 2 MG tablet. Review of Resident 3's physician ordered medication list with charting dates for 09/01/2025 through 09/30/2025, showed no PRN Hydromorphone 2 MG tablet.

Record review of Resident 3's pharmacy printed ML, with charting dates for 05/01/2025 through 05/31/2025, showed handwritten routine Trazadone oral tablet 50 MG and routine Quetiapine Fumarate (a medication used to treat certain mental health disorders) oral tablet 25 MG. The ML showed no documentation of the dates of order changes.

Interview on 09/18/2025 at 2:52 PM Staff C (Caregiver) stated that they did not realize that the ML charting dates were not for September 2025. At 3:11 PM, Staff C stated that the AFH did not check Resident 1's SBP and HR because they did not think there was an order for it. Staff C stated that they were unaware of Resident 1's Prazosin medication directives. Staff C stated that usually if there is an order to check a resident's blood pressures and HR's it would appear at the top of the ML. Staff C stated that Resident 1 refused the R.I.C.E order and had communicated this with the doctor in April 2025. Staff C stated that they did not know why the R.I.C.E order still appeared on Resident 1's ML. Staff C stated that the AFH changed medication times based on when the resident would get up and go to bed. At 3:43 PM Staff C stated that they did not know why Resident 3's Hydromorphone tablets kept appearing on the ML. Staff C stated that Resident 3 only takes liquid Hydromorphone. At 3:51 PM, Staff C stated that Resident 1's wound had resolved and they were no longer using Bacitracin. Staff C stated that they did not know when the wound had resolved but guessed around four to six months ago. Staff C stated that they did not know why Resident 1's order for Bacitracin kept appearing on the ML.

Interview on 09/19/2025 at 4:30 PM, Staff C stated that whoever is on shift during the first of each month is responsible for putting the current months ML's in the medication binder. Staff C stated that the AFH might not have received September 2025 ML's from the pharmacy on time and that might be why the AFH was using old ML's for the residents.

Interview on 09/19/2025 at 4:44 PM, Staff A (Provider) stated that they only give resident medications if needed.

Phone interview on 10/02/2025 at 12:09 PM, Staff C stated that they were unaware that Resident 1's Routine Baclofen and PRN Boudreaux butt paste were not on Resident 1's ML. Staff C stated that they had not recently given Resident 1 their PRN Boudreaux butt paste because their sores had resolved. Staff C stated that Resident 1's Trazadone dosage changed from 75 MG to 100 MG on 09/18/2025.Staff C stated that they were unaware that Resident 3's [redacted] and supplement health shake order appeared twice on the ML.

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

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, SANDY'S 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

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure full emergency evacuation drills occurred at least once a year, as required. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4 & 5) and staff at risk for harm by not being prepared in case of an emergency.

Findings included…

Record review of the AFH's Emergency Evacuation Drill logs showed that the last documented full evacuation drill was dated 12/25/2023.

Interview on 09/18/2025 at 4:07 PM, Staff C (Caregiver) stated that they conduct a full evacuation drill every year and must have mismarked the type of evacuation drill. Staff C stated that they believed their last full evacuation drill was around November 2024 but were not exactly sure.

Interview on 09/19/2025 at 4:54 PM, Staff A (Provider) stated that Staff C must have wrote down the wrong kind of evacuation drill. Staff A stated that Staff C and them last conducted a full evacuation drill no longer than a month ago.

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

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, SANDY'S 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

WAC 388-76-10181 Background checks Employment Nondisqualifying information.

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and

(b) Document in writing the basis for making the decision, and make it available to the department upon request.

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home failed to ensure 1 of 2 current staff (Staff A, Provider) with non-disqualifying findings had an updated character, competency and suitability review (CCSR). The AFH failed to ensure 1 of 2 current staff (Staff D, Caregiver) with non-disqualifying findings had a CCRS that met all requirements. These failures placed residents in the home at risk of being cared for by caregivers with unverified and reviewed CCS.

Findings included...

Per WAC 388-113-0060 an employee with nondisqualifying background check results requires a CCSR. The CCSR needs to include the following information:
- Whether or not the applicant may have unsupervised access to minors and vulnerable adults;
- The date the CCSR was completed
- The name and signature of the person or persons who performed the determination

Record review of Staff A's most recent background check, dated 11/13/2024, showed non-disqualifying findings. Staff A's most recent CCSR was dated 12/30/2022.

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

Record review of Staff D's undated employee file, showed Staff D had an undated CCSR that did not conclude whether or not Staff D could have unsupervised access to vulnerable adults. Additionally, Staff D's CCRS did not include the signature of the person who performed the determination.

Interview on 09/19/2025 at 3:45 PM, Staff C (Caregiver) stated that they did not know an updated CCSR was needed for for Staff A.

Interview on 09/19/2025 at 5:09 PM, Staff A stated that they were not aware they needed an updated CCSR because they had done one in the past. Staff A stated that they completed Staff D's CCSR before they were hired and on the same day the received their background check result.

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, SANDY'S 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

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 5 (Staff E, Caregiver) had the final national fingerprint background check results available for the Department to review. This failure resulted in the required personnel records to not be readily accessible for authorized Department staff for review and placed residents at risk of being cared for by someone with an unverified background check results.

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

Findings included…

Record review of Staff E's undated employee file, showed that Staff E was hired on 04/04/2020. Review of Staff E's employee file showed no final national fingerprint background check results.

Interview on 09/19/2025 at 4:02 PM, Staff C (Caregiver) stated that Staff E had a final national fingerprint background check but was told that there was an error in the system. Staff C was unable to access Staff E's final national fingerprint background check.

Interview on 09/19/2025 at 5:07 PM, Staff A (Provider) stated that they were not aware Staff E's employee file did not contain their final national fingerprint background check results.

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, SANDY'S 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 _____

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:

(10) A hospice care plan if the resident is receiving services for hospice care delivered by a licensed hospice agency.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 1 of 1 sampled residents (Resident 3) who received hospice services had a negotiated care plan (NCP) that included information and caregiver interventions related to [redacted] and psychopharmacologic medications (any drug capable of affecting the mind, emotions, and behavior). This failure placed Resident 3 at risk of misuse and increased side effects from unrecognized treatments and medications.

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

Findings included…

Per WAC 388-76-10463, residents who are given psychopharmacological medications must ensure their NCP includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed.

Record review showed the AFH admitted Resident 3 on [redacted]/2021 with multiple medical diagnoses. Resident 3's assessment, dated 07/03/2025, showed Resident 3 required caregiver administration with medications.

Review of Resident 3's physician ordered medication list with charting dates for 09/01/2025 through 09/30/2025, showed Resident 3 was prescribed [redacted] and four psychopharmacological medications; two medications were scheduled, and two medications were as needed (PRN) for restlessness, agitation and anxiety.

Record review of Resident 3's NCP, dated 09/15/2025, showed handwritten "hospice meds." Resident 3's NCP did not include the use of [redacted] and non-medication interventions for caregivers to assist with Resident 3's behaviors before giving Resident 3 psychopharmacological medications.

Interview on 09/18/2025 at 10:57 AM, Staff C (Caregiver) stated that Resident 3 was enrolled in hospice.

Interview on 09/19/2025 at 4:38 PM, Staff C stated that they refer to Resident 3's hospice orders and were unaware of the psychopharmacologic medication requirements.

Interview on 09/19/2025 at 4:38 PM, Staff A (Provider) stated that they were unaware that Resident 3's NCP did not include all required information.

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

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, SANDY'S 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

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 1 of 5 resident's (Resident 1) assessment was updated at least every twelve months as required. This failure placed Resident 1 at risk for unmet care needs and a decreased quality of life.

Findings included…

Record review showed the AFH admitted Resident 1 on [redacted]/2024. Review showed that Resident 1's most recent assessment was dated [redacted]/2024. Resident 1's assessment had been overdue for an update by one month and thirteen days.

Interview on 09/18/2025 at 11:58 AM, Staff C (Caregiver) stated that they were not aware that Resident 1 needed an updated assessment if there were no changes to their level of care.

Interview on 09/19/2025 at 4:50 PM, Staff A (Provider) stated that they were not aware Resident 1's assessment was overdue for review and updates.

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

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, SANDY'S 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

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(b) Provide a copy upon resident request; and

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 1 of 5 residents (Resident 1) had a signed and dated disclosure of charges form in their record. This failure placed Resident 5 at risk of not being fully informed of the fees charged by the AFH.

Findings included…

Record review showed the AFH admitted Resident 1 on [redacted]/2024. Resident 1's record did not contain a signed and dated copy of the AFH's disclosure of charges form.

Interview on 09/18/2025 at 12:16 PM, Staff C (Caregiver) stated that they remembered filling out Resident 1's disclosure of charges form, but could not find where it was at.

Interview on 09/18/2025 at 4:48 PM, Staff A (Provider) stated that Staff C told them they had Resident 1's disclosure of charges form, but it wasn't signed by Resident 1's representative.

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

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, SANDY'S 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

WAC 388-76-10490 Medication disposal Written policy Required.

(1) For the purposes of this section, "discontinued" means medication that is no longer prescribed or being used to treat a condition, as directed by the resident's physician or health care professional with prescriptive authority.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(a) Comply with all federal and state laws and regulations regarding medication disposal;

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

(ii) For deceased residents the facility must safely dispose of all medications within 30 calendar days of the resident's death; and

(iii) For discharged residents the facility must:

(A) Assist with the transfer of the resident's medications to the resident's new setting, when needed;

(B) End fulfillment, delivery, and receipt of prescription medications within 10 calendar days; and

(C) Safely dispose of any medications left at the adult family home after 90 calendar days.

(c) Require that the safe disposal of the medication is recorded in a document that includes:

(i) Name of resident;

(ii) Name of medication;

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

(iii) Amount of medication;

(iv) Date of disposal or transfer; and

(v) Name of individual completing the task.

This requirement was not met as evidenced by:

Based on interview, observation, and record review, the Adult Family Home (AFH) failed to ensure a complete medication disposal policy was written and implemented. The AFH failed to dispose of expired medication for 1 of 5 residents (Resident 3). This failure placed residents at risk for medication errors and medical complications.

Findings included...

Record review of the AFH's medication disposal policy titled, "DISPOSAL POLICY," showed it was last signed and dated by Staff A (Provider) on 02/14/2023. The policy showed that left over and expired medications would be taken to the police station or disposed of in an "Rx destroyer" (a medication neutralizer). Review of the AFH's medication disposal policy did not include the following:

- Safe disposal policy of medications for residents who have been discharged from the facility
- Time frame for deceased and discharged resident medication disposal
- Time frame for current resident medication disposal of discontinued, expired and refused medications
- Policy on how the safe disposal of the medication was recorded

<RESIDENT 3 >
Record review showed the AFH admitted Resident 3 on [redacted]/2021. Review of Resident 3's assessment, dated 07/03/2025, showed Resident 3 required caregiver administration with medications.

Observation of the medication room, on 09/18/2025 at 3:43 PM, showed a pharmacy prepared bubble pack of Hydromorphone (a medication used to treat pain) 2MG tablets sitting on top of a safe. The bubble pack showed a pharmacy printed medication label with Resident 3's name and an expiration date of 05/29/2025.

Interview on 09/18/2025 at 3:49 PM, Staff C (Caregiver) stated that they had set aside Resident 3's expired Hydromorphone to be disposed of. Staff C stated that they were unaware of the time frames for medication disposals.

Interview on 09/19/2025 at 4:53 PM, Staff A (Provider) stated that they were not aware of the medication disposal requirements.

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

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, SANDY'S 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.

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

10/16/2025

Sandy K. Abdilkareem
SANDY'S ADULT FAMILY HOME
6316 80TH ST NE
MARYSVILLE, WA 98270

RE: SANDY'S ADULT FAMILY HOME # 448100

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/09/2025 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:

Nicholette Flynn, AFH Field Manager
Residential Care Services
Region 2, Unit B
Preferred methods:

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

eFax: (360) 651-6511
Email: rcsregion2email@dshs.wa.gov
Optional method:
3906-172nd St NE, Suite #100
Arlington, WA 98223

• 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 388-76-10201 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.

(2) If an emergency or other exceptional circumstance requires a change of ownership due to the inability of a provider to continue to operate the home, an applicant who meets the qualifications to be a provider may apply for a provisional license that would allow the home to continue to operate. The applicant must also apply for a change of ownership at the same time. The department will have the discretion to determine if the circumstances warrant a provisional license.

The Adult Family Home (AFH) failed to have a written plan if Staff A (Entity Representative) was unable to fulfill their duties at the AFH. The AFH had corrected the deficiency with a written plan by the exit conference.

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)348-9350.

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Sincerely,

Nicholette Flynn, AFH Field Manager
Region 2, Unit B
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:
Nicholette Flynn, AFH Field Manager
Residential Care Services
Region 2, Unit B
Preferred methods:
eFax: (360) 651-6511
Email: rcsregion2email@dshs.wa.gov
Optional method:
3906-172nd St NE, Suite #100
Arlington, WA 98223

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:

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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

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