STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

LG TRINITY HOME CARE LLC

LG TRINITY HOME CARE LLC
21234 1ST PL S
DES MOINES, WA 98198

RE: LG TRINITY HOME CARE LLC License # 752339

Dear Provider:

This letter addresses Compliance Determination(s) 84379 (Completion Date 09/29/2026) and 82325 (Completion Date 09/10/2026).

The Department completed a follow-up inspection of your Adult Family Home on 09/29/2026 and found that you have corrected the violations listed in the Full report dated 09/10/2026. Your home is back in compliance as of 09/13/2026 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 388-76-10265-1-b, WAC 388-76-10265-1-d, WAC 388-76-10463-3, WAC 388-76-10490-2-b-i, WAC 388-76-10650, WAC 388-76-10650-1, WAC 388-76-10650-2, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10650-2-d, WAC 388-76-10685-2-b, WAC 388-76-10685-11, WAC 388-76-10750-7, WAC 388-76-10805-2-b, WAC 388-76-10890, WAC 388-76-10890-1, WAC 388-76-10890-2

The Department staff who did the on-site verification:
Jimmie Jordan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager

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

Region 2, Unit G
Residential Care Services

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 752339	Compliance Determination # 82325
Plan of Correction	LG TRINITY HOME CARE LLC	Completion Date
Page 1 of 11	Licensee: LG TRINITY HOME CARE LLC	09/10/2026

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 08/17/2026 of:
LG TRINITY HOME CARE LLC
21234 1ST PL S
DES MOINES, WA 98198

The following sample was selected for review during the unannounced on-site visit: 1 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jimmie Jordan, NCI

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

9-10-2026
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.

HAZELINE V. GUMIRAN - ADETTMORO
Provider (or Representative)

9/11/2026
Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(b) Entity representative;

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure Tuberculosis (TB) screening tests were completed for 1 of 9 staff (Staff B, Co-Representative/Caregiver), as required within three days of hire date. This failure placed all residents at risk of contracting a communicable disease.

Findings included...

Review of the AFH personnel files showed that Staff B was hired on 11/26/2012. Staff B had a chest x-ray on 10/31/2006 showing "no evidence of Tuberculosis." No record of a TB test record for Staff B could be located.

In an interview, on 08/27/2026 at 2:45 PM, Staff A, Representative, stated that Staff B was unable to be tested for TB because they had a history of BCG vaccine (a live, weakened strain used primarily to prevent TB).

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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, LG TRINITY HOME CARE LLC is or will be in compliance with this law and / or regulation on (Date) 9/11/2026 .

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

Provider (or Representative) — Date: 9/11/2026

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH), failed to include strategies, environmental modifications, and staff behaviors for symptoms of prescribed psychopharmacologic medications (medications used to treat mental health conditions) for 1 of 1 sampled resident (Residents 1) in their Negotiated Care Plan (NCP). This failure placed Resident 1 at risk of harm due to unmet mental health care needs.

Findings included...

Review showed the AFH admitted Resident 1 on [redacted]/2025. Review of Resident 1's Assessment dated 12/03/2025 showed that Resident 1 had multiple disabling diagnoses including: [redacted], and [redacted].

Observation with Staff E, Caregiver, on 08/17/2026 at 12:35 PM, showed Resident 1's medication bin contained Sertraline Hydrochloride (medication for mood disorders), 50 milligrams (mg), one tablet by mouth every morning, and Olanzapine (medication for mood disorders) 10 mg, one tablet by mouth daily at bedtime.

Review of Resident 1's NCP dated 03/30/2026 showed no information about Sertraline HCL and Olanzapine, and no strategies, environmental modifications, or directions on staff behaviors in response to symptoms of Resident 1's mood for which the medications were prescribed.

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During an interview on 08/17/2026 at 12:50 PM, Staff A, Representative, stated that they needed to update Resident 1's NCP.

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, LG TRINITY HOME CARE LLC is or will be in compliance with this law and / or regulation on (Date) 9/13/2026.

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

Provider (or Representative) [signature] Date 9/11/2026

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

(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:

(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;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to dispose an expired medication for 1 of 1 sampled resident (Resident 1) within 30 days of being expired. This failure placed the Residents 1 at risk of receiving expired medications.

Findings included...

Record Review of the AFH's undated "Medication Disposal Policy" showed no information about medication disposal for expired, discontinued or refused medications for current residents within 30 days.

Observation, on 08/17/2026 at 12:35 PM with Staff E, Caregiver, of Resident 1's medication supply, showed an Albuterol HFA Inhaler, inhale 2 puffs by mouth every 4

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hours as needed for shortness of breath, with an expiration date of 02/06/2026. The inhaler had a manufacturer expiration date of August 2026.

During an interview on 08/17/2026 at 12:35 PM, Staff A, Representative, stated that they were aware that the medication was expired, but the pharmacy didn't send them a new inhaler. Staff A stated that their Medication Policy was written in 2012.

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, LG TRINITY HOME CARE LLC is or will be in compliance with this law and / or regulation on (Date) 9/17/2026.

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

Provider (or Representative) _____ Date 9/11/26

WAC 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

(d) Ensure the medical device is properly installed.

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 for 1 of 1 sampled resident (Residents 1) to ensure an assessment was completed; the residents were given information on the safety risks associated with [redacted], the Negotiated Care Plan (NCP) included instructions to the caregivers regarding the [redacted] and how Resident 1 would use the [redacted]; and the installation instructions for the [redacted] were available, before a medical device with a known safety risk was used. These failures placed Residents 1 at risk for injury from

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improper use of the medical device.

Findings included...

Observation on 08/17/2026 at 9:15 AM with Staff D, Caregiver, showed Resident 1 in bed with half [redacted] elevated on right side.

Review of Resident 1's records showed that the AFH admitted Resident 1 on [redacted]/2025.

Resident 1's records showed that the AFH had not completed an assessment that identified Resident 1's need for and ability to use the medical devices with a known safety risk. Resident 1's records also showed that the AFH had no installation instructions to ensure the [redacted] were properly installed. In addition, the AFH records for Resident 1 showed that the AFH had no documentation showing they provided the resident or the resident's representative with information regarding the risks associated with a [redacted] device.

Review of Resident 1's NCP dated 03/30/2026 showed no information on how Resident 1 would use the [redacted], no instructions to the caregivers regarding when the [redacted] should be elevated or lowered, and no information about when the [redacted] would be checked regularly for potential safety issues.

In an interview on 08/17/2026 at 12:15 PM, Staff A, Representative, stated that Resident 1 received the [redacted] about 2 weeks ago due to falling out of bed. Staff A stated that they need to send a referral to Resident 1's doctor for an evaluation by a physical therapist.

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, LG TRINITY HOME CARE LLC is or will be in compliance with this law and / or regulation on (Date) 9/19/2026.

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

Provider (or Representative) [signature] Date 9/11/2026

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

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(2) Ensure window and door screens:

(b) Prevent entrance of flies and other insects.

(11) Provide each resident a call bell, or an alternative way of alerting staff in an emergency, that the resident can use, unless the bedroom of an AFH staff member is within hearing distance of the resident's bedroom and a staff member will be within hearing distance at all times.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to provide 5 of 6 residents (Resident 1, 3, 4, 5 and 6) with a call bell or an alternative way to alert staff in the event of an emergency and failed to ensure that the window screen for 1 of 6 licensed bedrooms (Bedroom [redacted]) was free from openings to prevent the entrance of insects and debris. This failure placed the residents at risk for a delay in response to their emergency care needs and placed Resident 5 at risk of decreased quality of life.

Findings included...

Record review of the AFH's floor plan showed all licensed bedrooms were located on the main floor. There were no bedrooms assigned or used by caregivers on the main floor.

In an observation with Staff A, Representative, on 08/17/2026 at 10:35 AM, showed that Bedroom [redacted] (occupied by Resident 3), Bedroom [redacted] (occupied by Resident 1), Bedroom [redacted] (occupied by Resident 4, Bedroom [redacted] (occupied by Resident 5, and Bedroom [redacted] (occupied by Resident 6) had no call bells, and no alternative way for the residents to notify and alert staff.

During an interview, on 08/17/2026 at 10:40 AM, Staff A stated that the AFH had no bedrooms designated for caregivers on the same floor as the residents. The caregivers' bedrooms were at the lower level that was converted from a garage. Staff A stated that Residents 1, 3, 4, and 5 did not have a call bell because they didn't know how to use it. Staff A stated that Resident 6 did not have a call bell because they were hard of hearing.

Observation on 08/17/2026 at 10:44 AM, showed a window screen, bent on the right side and left side showing a gap of about 1 inch on each side, in the window of Bedroom [redacted] occupied by Resident 5.

During an interview, on 08/17/2026 at 10:44 AM, Staff A stated the window screen in Bedroom [redacted] window needed to be replaced.

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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, LG TRINITY HOME CARE LLC is or will be in compliance with this law and / or regulation on (Date) 9/20/2026.

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

Provider (or Representative) — Date: 9/11/2026

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

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to keep toxic materials in locked storage and their original containers for 1 of 4 bathrooms (Bathroom 1), and 1 of 1 kitchen. This failure placed all residents at risk of exposure to harmful substances.

Findings included...

Observation, on 08/17/2026 at 10:05 AM, with Staff A, Representative, during the environmental tour, showed a Joy Dishwashing Liquid, a spray bottle of glass cleaner, and a can of Febreze in bleach and Pine-Sol stored in an unlocked cabinet under the kitchen sink. The product labels stated to keep out of reach of children. Observation also showed an unlabeled plastic pump bottle filled with a yellow substance in the kitchen sink.

In an interview on 08/17/2026 at 10:05 AM, Staff E, Caregiver, stated that the yellow substance in the unlabeled plastic pump bottle was Joy Dishwashing Liquid. Staff E stated that they refilled the pump bottle and kept it in the sink for washing dishes.

Observation, on 08/17/2026 at 10:05 AM, with Staff A in Bathroom 1, showed a can of Lysol on a table next to the toilet, and a can of Lysol in an unlocked cabinet under the bathroom sink. The product labels stated to keep out of reach of children.

In an interview on 08/17/2026 at 10:35 AM, Staff A stated they were never told to lock up the Lysol.

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

Provider (or Representative) 9/11/2026 Date

WAC 388-76-10805 Automatic smoke alarms.

(2) At a minimum, smoke alarms must be located in the following areas:

(b) In the immediate vicinity of resident bedroom(s), and if applicable, the sleeping areas used by the adult family home staff; and

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH), failed to ensure that a smoke alarm was in 1 of 1 sleeping area (Sleeping Area 1) used by the caregivers. This failure placed all residents at risk of harm from not hearing the alert of a smoke alarm in other areas of the home.

Findings included...

Observation, on 08/17/2026 at 9:54 AM, with Staff A, Representative, showed a caregiver room (Sleeping Area 1) on the lower level of the AFH. No smoke alarm was in Sleeping Area 1.

During an interview, on 08/17/2026 at 9:54 AM, Staff A stated that Staff E, Caregiver, Staff F, Caregiver, and their family resided in Sleeping Area 1. Staff A stated that Sleeping Area 1 was converted from a garage to a caregiver room during the pandemic, and that they did not install an interconnected smoke detector during the remodel.

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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, LG TRINITY HOME CARE LLC is or will be in compliance with this law and / or regulation on (Date) 9/10/2026

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

Provider (or Representative) _____ Date 9/11/2026

WAC 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(1) Be posted in a visible location commonly used by residents, staff, and visitors alike; and

(2) Illustrate the evacuation route from the rooms on that floor to the designated safe location outside the home.

This requirement was not met as evidenced by:

Based on observation and interviews, the Adult Family Home (AFH) failed to display an emergency evacuation floor plan showing paths to evacuate the home in a visible location on 1 of 2 floors (Lower Level) occupied by Staff E and F (Caregivers) and their family members. This failure placed the caregivers and their family at risk of delayed evacuation out of the home.

Findings included...

Observation on 08/17/2026 at 9:54 AM, with Staff A, Representative, showed no evacuation plan posted on the lower level of the AFH.

In an interview, on 08/17/2026 at 9:54 AM, Staff A stated that they did not create an emergency evacuation floor plan for the lower lever after they converted it from a garage to a caregiver's room. Staff A stated that Staff E and F reside on the lower level of the AFH with their family.

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Statement of Deficiencies	License #: 752339	Compliance Determination # 82325
Plan of Correction	LG TRINITY HOME CARE LLC	Completion Date
Page 11 of 11	Licensee: LG TRINITY HOME CARE LLC	09/10/2026

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, LG TRINITY HOME CARE LLC is or will be in compliance with this law and / or regulation on (Date) 9/10/2026 .

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

LMG

Provider (or Representative)

9/11/2026

Date

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