STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Yirgalem H. Solomon
A Caring Family Home
2003 144th PL SW
Lynnwood, WA 98087

RE: A Caring Family Home License # 752873

Dear Provider:

This letter addresses Compliance Determination(s) 79258 (Completion Date 06/18/2026) and 77878 (Completion Date 06/04/2026).

The Department completed a follow-up inspection of your Adult Family Home on 06/18/2026 and found that you have corrected the violations listed in the Full report dated 06/04/2026. Your home is back in compliance as of 06/11/2026 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 388-76-10750-1, WAC 388-76-10750-2, WAC 388-76-10750-6-c, WAC 388-76-10840-1-a, WAC 388-76-10840-1-b, WAC 388-76-10485-3, WAC 388-76-10355-3, WAC 388-76-10355-7-b, WAC 388-76-10530-2, WAC 388-76-10015-1, WAC 388-76-10198-1

The Department staff who did the on-site verification:
Katherine Randall, Nursing Care Consultant, NCC

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 752873.	Compliance Determination # 77878
Plan of Correction	A Caring Family Home	Completion Date
Page 1 of 10	Licensee: Yirgalem H. Solomon	08/04/2026

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 05/22/2026 of:
A Caring Family Home
2003 144th PL SW
Lynnwood, WA 98087

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

The department staff that inspected the Adult Family Home:

Katherine Randall, Nursing Care Consultant, NCC

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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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.

Renee' Bourque
Residential Care Services

06/10/2026
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.

Yirgalem Solomon
Provider (or Representative)

06.11.2026
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;

(2) Ensure that there is existing outdoor space that is safe and usable for residents;

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the environment was kept in a sanitary, homelike manner, and in good repair. In addition, the AFH failed to ensure the water temperature in the residents bathroom was kept over one-hundred five degrees Fahrenheit (F). These failures placed 3 of 3 residents (Residents 1, 2 and 3) at risk of injury and a decreased quality of life.

Findings included...

Observations during the environmental tour of the AFH, on 05/22/2026 at 11:00 AM, showed the following:

1. The main resident bathroom(s) had sink water temperatures at one-hundred three point five degrees F when tested.

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2. Windows throughout the AFH had greyish smudges on them with a blackish substances on the window tracts. The window screens had a greyish fuzzy substance present.

3. Walls throughout the common area halls had black and greyish scuff marks with areas of damaged wall and door frames present.

4. The outdoor resident area had old appliances and old mops present on the side concrete patio, (completely accessible by residents), The patio had broken concrete throughout, and had large chunks of loose concrete to step over.

5. The resident bedroom door on bedroom E was stained by approximately one-third with what appeared to be grease or oil.

6. The resident bedroom ceiling in bedroom A was stained with multiple brownish small circular areas.

In an interview, on 05/22/2026 at 11:00 AM, Staff A (Provider) stated the AFH would fix the concerns.

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, A Caring Family Home is or will be in compliance with this law and / or regulation on (Date) 06.01.2026.

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

Yirgalem Solomon. 06.11.2026

Provider (or Representative) Date

WAC 388-76-10840 Emergency food supply.

(1) The adult family home must have an on-site emergency food supply that:

(a) Will last for a minimum of seventy-two hours for each resident and each household member;

(b) Meets the dietary needs of each resident, including any specific dietary restrictions they may have;

This requirement was not met as evidenced by:

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Based on observation and interview, the Adult Family Home (AFH) failed to ensure adequate emergency food supplies were kept on site for the AFH residents in the case of an emergency. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of unmet care needs during an emergency.

Findings included...

Review of the AFH records showed the resident capacity in the AFH was 6 and that 2 staff members were always present.

Observation, on 05/22/2026 at 11:10 AM, showed that the emergency food consisted of 8 small cans of tuna, 3 cans of condensed soup and 3 small cans of beef.

In an interview, on 05/22/2026 at 11:10 AM, Staff A (Provider) stated that they would get more emergency food to last the required 72 hours.

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, A Caring Family Home is or will be in compliance with this law and / or regulation on (Date) 06.07.2026

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

Yirgalem Solomon. 06.11.2026

Provider (or Representative) Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to ensure resident medications requiring refrigeration were kept in a locked storage container. This failure placed 3 of 3 residents (Resident 1, 2 and 3) at risk of harm if they accessed and inappropriately took the unlocked medications.

Findings included...

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Observation, on 05/22/2026 at 11:00 AM, showed Resident 1, 2 and 3 lived in and received care from the AFH.

Record review showed Resident 1 was admitted on [redacted]/2023 with multiple diagnoses including [redacted]

Observation, on 05/22/2026 at 11:00 AM, of the AFH's main common area kitchen refrigerator showed two boxes of Resident 1's diabetic medications including Zega Logue (a medication given as a shot to increase blood sugar levels) and Ozempic (a medication given by shot to help control blood sugar levels) were kept unlocked on the refrigerator shelf.

In an interview, on 05/22/2026 at 2:00 PM, Staff A (Provider) stated that a locked container would be used for Resident 1's medications.

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, A Caring Family Home is or will be in compliance with this law and / or regulation on (Date) 06-07-2026

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

Yirgalem Solomon. 06-11-2026.

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:

(3) When and how the care and services will be provided;

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to develop a negotiated care plan (NCP) that included interventions to decrease tension, agitation and problem behaviors for 1 of 3 residents (Resident 1). This failure placed Resident 1

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

at risk of unmet care needs.

Findings included.,,

RESIDENT 1:
Record review showed Resident 1 was admitted on [redacted]/2023 with multiple diagnoses including [redacted].

Resident 1's assessment, dated 09/09/2025, listed the following current behaviors: Easily irritated, non-health related repeated movements and questions, resistance to care, unrealistic fears and suspicions.

The NCP, dated 09/28/2025, for Resident 1 listed the following interventions for the caregivers to assist Resident 1 to reduce tension and agitation:

Listed under "Psychological and cognitive status: Short term memory impairment, Anxiety and Disorientation". None of the assessed behaviors were listed.

Listed under "Resident strengths/what resident prefers to do independently": "Resident is calm, cooperative with treatment and care and able to tell if they are having and behavioral issue or concern". None of the assessed behaviors were listed.

Listed under "What Provider/caregiver/support person does/when and how": "Caregiver will make sure that resident is taking their medication as ordered and will monitor resident's behavior". There were no interventions listed for any of the assessed behaviors.

Assessed behaviors not listed in the current NCP included:
Easily irritated
Non-health related repeated physical movements and questions.
Unrealistic fears and suspicions
Resistance to care

In an interview, on 05/22/2026 at 2:15 PM, Staff A (Provider) stated that they would review the interventions for the assessed behaviors for Resident 1.

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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, A Caring Family Home is or will be in compliance with this law and / or regulation on (Date) 06-02-2026 .

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

Yirgalem Solomon — Provider (or Representative)

06-11-2026 — Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement 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 1 of 3 residents (Resident 1) had their notice of rights and services reviewed and signed every twenty-four months. This failure placed Resident 1 at risk of not having knowledge about a change in services.

Findings included...

Review of Resident 1 record showed they had a notice of rights and services available in their record which was last signed by the resident on [redacted]/2023.

In an interview, on 05/22/2026 at 2:20 PM, Staff A (Provider) stated that they would have the notice updated and signed.

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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, A Caring Family Home is or will be in compliance with this law and / or regulation on (Date) 05.24.2026

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

Yirgalem Solomon — Provider (or Representative)

06.11.2026 — Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to obtain 1 of 1 medical test site waiver (MTSW) (required Waiver 1) prior to performing medical testing for residents. This placed 1 of 3 residents (Resident 1) at risk for receiving medical tests without the required certificate of waiver.

Findings included...

Review of the AFH records showed an MTSW was not available to review.

Record review showed Resident 1 was admitted on [redacted]/2023 with multiple diagnoses including [redacted].

In an interview, on 05/22/2026 at 1:00 PM, Staff A (Provider) stated that Resident 1 had their blood glucose levels tested three times a day before each meal by staff. Staff A stated that Resident 1 would continue to have their blood glucose levels tested by staff in emergencies.

In an interview, on 05/22/2026 at 1:10 PM, Staff A (Provider) stated that as a nurse, an MTSW is not required by the department. Staff A stated that they would acquire the MTSW if required.

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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, A Caring Family Home is or will be in compliance with this law and / or regulation on (Date) 06.11.2026.

* PIS check a copy of Post office Shipment receipt 2 pages

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

Y Solomon
Provider (or Representative)

6.11.2026
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:

(1) Staff information such as address and contact information.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 3 of 3 staff (Staff A, Staff B and Staff C) had their address and contact information available in their personnel record. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of receiving care from an unqualified caregiver.

Findings included...

Review of the AFH personnel records showed no address or contact information was available to review for Staff A (Provider), Staff B (Resident Manager), or Staff C (Caregiver).

In an interview, on 05/22/2026 at 1:45 PM, Staff A stated they would include the required information in all personnel records.

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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, A Caring Family Home is or will be in compliance with this law and / or regulation on (Date) 05.24.2026

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

Y Solomon
Provider (or Representative)

06.11.2026
Date

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