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

FRANCISCA KARANJA & JOSEPH KURIA
Alpha 3 Adult Family Home
2622 S. 296th Place
Federal Way, WA 98003

RE: Alpha 3 Adult Family Home License # 753009

Dear Provider:

This letter addresses Compliance Determination(s) 61349 (Completion Date 07/09/2025) and 58444 (Completion Date 05/07/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/09/2025 and found that you have corrected the violations listed in the Full report dated 05/07/2025. Your home is back in compliance as of 05/16/2025 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 388-76-10380, WAC 388-76-10380-4, WAC 388-76-10180, WAC 388-76-10180-1, WAC 388-76-10180-1-a, WAC 388-76-10180-1-b, WAC 388-76-10135, WAC 388-76-10135-4, WAC 388-112A-0105, WAC 388-112A-0105-1, WAC 388-76-10430, WAC 388-76-10430-1, WAC 388-76-10430-2, WAC 388-76-10430-2-d, WAC 388-76-10225, WAC 388-76-10225-1, WAC 388-76-10225-1-b, WAC 388-76-10225-1-b-iii

The Department staff who did the on-site verification:
Marites Gatan, NCI

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

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G

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 #: 753009	Compliance Determination # 58444
Plan of Correction	Alpha 3 Adult Family Home	Completion Date
Page 1 of 10	Licensee: FRANCISCA KARANJA & JOSEPH KURIA	05/07/2025

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 04/22/2025 of:
Alpha 3 Adult Family Home
2032 S 333rd St
Federal Way, WA 98003

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Susan Aromi, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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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.

Residential Care Services

5-13-2025
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)

05/16/25
Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) of 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk of unmet needs and of getting services they did not negotiate.

Findings included...

In an interview on 04/22/2025 at 10:25 AM, Staff A (Provider) said the AFH staff provided care and services to Resident 1.

Review of Resident 1's 01/05/2025 NCP showed Resident 1, admitted on [redacted]/2023, had multiple diagnoses that required medication assistance and extensive behavioral management from the AFH staff and outside agencies. Resident 1's previous NCP was completed on 11/24/2023. It was not updated at least every twelve months.

In a further interview on 04/22/2025 at 2:22 PM, Staff A stated, "I'm used to doing everything in January, so instead of doing one in 2024, I did it in January 2025."

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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, Alpha 3 Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 05/16/25 .

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

Provider (or Representative) — Date: 05/16/25

WAC 388-76-10180 Background checks Employment Disqualifying information. [Disqualifying negative actions.]

(1) The adult family home must not employ, directly or by contract, a caregiver, entity representative, or resident manager if:

(a) The caregiver, entity representative or resident manager will have unsupervised access to vulnerable adults, as defined in RCW 43.43.830 ; and either:

(b) The caregiver, entity representative or resident manager has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC; or

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 1 staff (Staff C, Designated Resident Manager) who had disqualifying information on their Washington Name and Date of Birth Background Inquiry (BGI) did not work at the AFH. This failure placed all residents at risk of harm from a staff member with a disqualifying criminal record.

Findings included...

In an interview on 04/22/2025 at 10:21 AM, Staff A (Provider) said they had four AFHs. Staff A said Staff C was the Designated Resident Manager at this AFH since 2018. Staff A said Staff C worked during weekends with Staff F (Caregiver) and Staff H (Caregiver) and provided care and services to their five residents (Residents 1, 2, 3, 4 and 5).

Review of the Department's 04/212022 AFH Summary Report showed the AFH was licensed on 12/15/2015. Staff A and Staff B (Co-Provider) were listed as Licensees. There was no Resident Manager listed.

Review of Staff C's records showed a hire date of 03/02/2018. Staff C had a BGI completed on 11/13/2023 with the following report: "As of the Date of the background data search, the application has: Disqualifying Information reported by one or more

background data sources." There were no other documents that listed the arrests and convictions, charges and other related information about Staff C.

In a further interview on 04/22/2025 at 3:08 PM, Staff A said the disqualifying crime Staff C was charged with was committed by another person (Perpetrator), a family member of Staff C. Staff A said that when Law Enforcement (LE) caught the Perpetrator, the Perpetrator used Staff C's name and date of birth. Staff A said LE fingerprinted the Perpetrator, found out they were not Staff C as their picture came out with a record of previous crimes committed, and put the Perpetrator in jail. Staff A said that when Staff C went for BGI in 2023, the result showed the disqualifying report. Staff A said they called LE and were told they had no record of Staff C as they deleted Staff C's name in their system after LE found the real Perpetrator. Staff A stated, "So, we don't know how to ever fix this." Staff A said they never reported Staff C's BGI disqualifying information to anyone in the Department and Staff C continued to work at the AFH.

On 04/22/2025 at 3:35 PM, when asked for Staff C's contact information for interview, Staff A said Staff C would not agree to be interviewed. Staff A said that until the issue with Staff C's BGI was taken care of, they would have Staff C stop working and find another Resident Manager for the AFH.

In a phone interview on 04/23/2025 at 5:20 PM, Staff F (Caregiver) said they worked weekends with Staff C. Staff F said Staff C was the Resident Manager since Staff F started working at the AFH in October 2023. Staff F said that Staff C was already working at the AFH "for a while" when Staff F started.

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, Alpha 3 Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 05/16/25.

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

Provider (or Representative) Date 05/16/25

WAC 388-112A-0105 Who is required to obtain home care aide certification and by when?

(1) All long-term care workers must obtain home care aide certification as provided in chapter 246-980 WAC.

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WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff D, Caregiver) completed Home Care Aide (HCA) certification within 200 days of their hire date. This failure placed all residents at risk of unmet needs from a staff member who was not a qualified caregiver.

Findings included...

Per WAC 246-980-040- Certification requirements. To qualify for certification as a home care aide, the applicant shall:
(3) Become certified within 200 days of date of hire, or 260 days if granted a provisional certificate.

Observation on 04/22/2025 at 10:11 AM showed five residents (Residents 1, 2, 3, 4 and 5) with Staff A (Provider), Staff D and Staff E (Caregiver) in the AFH.

In an interview on 04/22/2025 at 10:25 AM, Staff A said Staff D worked at the AFH full time, five days a week, with one or two other caregivers (Staff E, Staff F and/or Staff, G caregivers).

Review of Staff D's records showed a hire date of 10/01/2024, a NAR certificate with an expiration date of 01/08/2025 and 70-hour basic training completed on 05/31/2024. There was no HCA credential for Staff D. It had been 202 days since Staff D's hire date.

In an interview on 04/22/2025 at 3:44 PM, Staff D said they did not take the HCA test yet.

In an interview on 04/22/2025 at 3:37 PM, Staff A said Staff D had 200 days to get HCA-certified. Staff A said they did not realize it was past 200 days after Staff D's hire date.
e under RCW 18.88B.041.

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Provider (or Representative) — Date: 05/16/25

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:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not have prescribed vitamin supplements available for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk of vitamin deficiencies.

Findings included...

In an interview on 04/22/2025 at 10:25 AM, Staff A (Provider) said the AFH staff assisted Resident 1 with their medications.

Resident 1's 01/05/2025 Negotiated Care Plan (NCP) showed the AFH staff assisted them with medications. The NCP documented, "The caregiver calls the pharmacy for medication refills and the pharmacy will deliver the medication to the AFH." Resident 1's pharmacy-generated April 2025 medication log showed orders for Multivitamin one capsule every morning for vitamin deficiency and Vitamin D3 1,000 International Units, two capsules every morning for vitamin deficiency.

Observation of Resident 51s medications on 04/22/2025 at 1:28 PM showed no supplies of Multivitamins and Vitamin D3.

Review of Resident 1's pharmacy-generated January, February, March and April 2025 medication logs showed "O" daily on the staff initial slots for the Multivitamin and the Vitamin D3.

In an interview on 04/22/2025 at 1:44 Staff D (Caregiver) said "O" on the medication logs meant the vitamins were not given as they were out of supply.

In an interview on 04/22/2025 at 1:45 PM, Staff A said they requested, "a few months ago" for Resident 1's physician to discontinue the vitamins as the resident's family did not provide them. Staff A said they had to find the request in their files. Staff A did not provide the Department Staff a copy of the request.

In a further interview on 04/22/2025 at 4:03 PM, Staff D said the last time they gave Resident 1 the Multivitamin and Vitamin D3 was in December 2024. Staff D said they called the pharmacy around the first week of January 2025 when they realized the vitamins were missing. Staff D said the pharmacy said they would check and call the AFH back. Staff D said the pharmacy did not call them back. Staff D said they informed Staff A about this, also around the first week of January 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, Alpha 3 Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 05/16/25 .

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Provider (or Representative) — Date: 05/16/25

WAC 388-76-10036 License requirements Multiple adult family home management. When there is more than one home licensed to a provider, the adult family home must ensure that:

(1) Each home has one person responsible for managing the overall delivery of care to all residents in the home;

(2) The designated responsible person is the provider, entity representative or a resident manager; and

(3) Each responsible person is designated to manage only one adult family home at a

given time.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 1 multiple home provider (Staff A, Provider) had a Designated Resident Manager (RM) approved by the Department to manage the AFH. This failure placed all 5 residents (Residents 1, 2, 3, 4 and 5) at risk of unmet care needs from not having a designated and qualified RM responsible for the overall delivery of care to the residents.

Findings included...

On 04/22/2025, a review of the Department's 04/21/2022 AFH Summary Reports showed Staff A, and Staff B (Co-Owner) owned four AFHs. These included this AFH licensed on 12/15/2015. There was no RM listed.

Review of the Department Secure Tracking and Reporting System, Managerial Staff data on 04/21/2025 showed Staff J (Former Staff) as the former RM, from 09/11/2015 to 03/01/2018. There was no RM listed for this AFH since 03/02/2018.

In an interview on 04/22/2025 at 10:21 AM, Staff A said they had four AFHs. Staff A said Staff C was the RM at this AFH since 2018. Staff A said Staff C worked during weekends with Staff F (Caregiver) and Staff H (Caregiver) and provided care and services to their five residents (Residents 1, 2, 3, 4 and 5). The Department Staff showed Staff A the Department AFH Summary Report that had no RM listed. Staff A said they sent the AFH information change designating Staff C as RM in 2018.

On 04/24/2025, the AFH faxed to the department a copy of an AFH Information change form indicating Staff J as the outgoing RM on 03/01/2025 and Staff C as the incoming RM starting 03/01/2018. There was no document that proved this was faxed to and received by the Department.

05/16/25

05/16/25

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(b) Report the following to the department by calling the complaint toll-free hotline number or completing an online report:

(iii) A missing resident.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to report to the Department hotline when 1 of 2 residents (Resident 1) with wandering behavior went missing. This resulted in Resident 1's hospitalization in another state for exhaustion and placed them at risk of other dangers.

Findings included...

Observation on 04/22/2025 at 10:11 AM showed five residents (Residents 1, 2, 3, 4 and 5) in the AFH with Staff A (Provider), Staff D and Staff E (Caregiver).

In an interview on 04/22/2025 at 10:25 AM, Staff A (Provider) said the AFH staff provided care and services to Residents 1 and 4, who had wandering behaviors. Staff A said Resident 1 left the AFH on [redacted]/2025 and ended up in Portland, Oregon. Staff A said they reported the incident to the state and Resident 1's collateral contacts.

On 04/22/2025, when asked to show the Department staff a copy of the report to the state hotline (Complaint Resolution Unit/CRU), Staff A referenced an e-mail dated [redacted]/2025 at 9:34 AM, addressed to Resident 1's Case Manager and Resident 1's collateral contacts.

The e-mail documented that Resident 1 left the AFH "last night" ([redacted]/2025) around 6:15 PM and the caregivers followed them. It was noted that the caregivers called Law Enforcement (LE), who did not arrest the resident as they did nothing wrong. The e-mail indicated Resident 1 did not return to the AFH," up to the present time."

In an interview on 04/22/2025 at 12:30 PM, Resident 1 said they went for a walk from the AFH and started running. They said they hitched a ride in a car, then in a truck. Resident 1 said the trucker dropped them off in a town outside of Portland and they walked all the way to Portland. They said they were dizzy, exhausted, had foot blisters and leg cramps, and could not walk anymore. They said they lay down on the side of the highway, where LE gave them a ride to town. Resident 1 said they went to a shop and asked them to call 911 (emergency services), who took them to a hospital. Resident 1 said they stayed overnight at the hospital, and the hospital gave them money for cab and train fares. Resident 1 said two AFH staff picked them up at the local train station the following day at 8:30 PM.

Review of Resident 1's 01/05/2025 NCP showed Resident 1, admitted on [redacted]/2023, had multiple diagnoses that required extensive behavioral management from the AFH staff and outside agencies.

Review of the Department's Secure Tracking and Reporting System complaint intakes on 04/23/2025 showed no report from the AFH of Resident 1's elopement incident.

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Provider (or Representative) Date 05/16/25