STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Romie Dala
Adagio AFH
3015 51st Pl SW
Everett, WA 98203

RE: Adagio AFH License # 754046

Dear Provider:

This letter addresses Compliance Determination(s) 84442 (Completion Date 09/29/2026) and 82029 (Completion Date 08/18/2026).

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 08/18/2026. Your home is back in compliance as of 09/02/2026 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 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10165-1, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10201-1, WAC 388-76-10490-1, WAC 388-76-10490-2-a, WAC 388-76-10490-2-b, WAC 388-76-10490-2-b-i, WAC 388-76-10490-2-b-ii, WAC 388-76-10490-2-b-iii, WAC 388-76-10490-2-b-iii-A, WAC 388-76-10490-2-b-iii-B, WAC 388-76-10490-2-b-iii-C, WAC 388-76-10490-2-c, WAC 388-76-10490-2-c-i, WAC 388-76-10490-2-c-ii, WAC 388-76-10490-2-c-iii, WAC 388-76-10490-2-c-iv, WAC 388-76-10490-2-c-v, WAC 388-76-10490-2, WAC 388-76-10490, WAC 388-76-10532-2, WAC 388-76-10532-2-a, WAC 388-76-10532-2-b, WAC 388-76-10532-2-c, WAC 388-76-10532-3, WAC 388-76-10522-1, WAC 388-76-10522-2, WAC 388-76-10522-3, WAC 388-76-10522-4, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10522, WAC 388-76-10506-1, WAC 388-76-10506-2-a, WAC 388-76-10506-2-b, WAC 388-76-10506-2-c, WAC 388-76-10506-2, WAC 388-76-10506-3, WAC 388-76-10506-4-a, WAC 388-76-10506-4-b, WAC 388-76-10506-4, WAC 388-76-10506-5, WAC 388-76-10506-5-a, WAC 388-76-10506-5-b, WAC 388-76-10506-5-c, WAC 388-76-10506-5-d, WAC 388-76-10506, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b, WAC 388-76-10320-10, WAC 388-76-10320-12, WAC 388-76-10015-1, WAC 388-76-10015-3, WAC 388-76-10750-7, WAC 388-76-10485-1, WAC 388-76-10895-3-a, WAC 388-76-10895-3-b, WAC 388-76-10895-3-c, WAC 388-76-10890-1, WAC 388-76-10890-2, WAC 388-76-10890

The Department staff who did the on-site verification:

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

Kimberly Rush, Long Term Care Surveyor

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

Sincerely,

Nicholette Flynn

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

HOME AND COMMUNITY LIVING ADMINISTRATION

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

Statement of Deficiencies	License #: 754046	Compliance Determination #82029
Plan of Correction	Adagio AFH	Completion Date
Page 1 of 21	Licensee: Romie Dala	08/18/2026

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 08/10/2026 of:
Adagio AFH
3015 51st Pl SW
Everett, WA 98203

The following sample was selected for review during the unannounced on-site visit: 4 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, Home and Community Living 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.

Nicholetta Flynn
Residential Care Services

08/21/2026
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.

Provider (or Representative)

9/2/2026
Date

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

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

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

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

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure 3 of 4 staff (Staff B, C and D, Caregivers) submitted a Washington state name and date of birth (WNDOB) background check every two years. Additionally, the AFH failed to ensure 1 of 1 household member (HH1) over the age of eleven, had a valid WNDOB background check. These failures placed residents at risk and resulted in residents being cared for by someone with unknown and unverified background check results.

Findings included...

Observation on 08/10/2026 at 9:21 AM, showed Staff A (Provider) and Staff B on shift working at the AFH. Observation at 10:14 AM, showed HH1 resided downstairs.

<HH1>
Record review showed HH1 did not have WNDOB background check results for Department review.

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<Staff B>
Record review on 08/10/2026, of Staff B's undated employee file, showed that their WNDOB background check expired on 02/14/2026.

<Staff C>
Record review on 08/10/2026, of Staff Cs undated employee file, showed that their WNDOB background check expired on 06/21/2023.

Record review of a correspondence received by the Department on 08/11/2026 at 4:07 PM, showed that Staff C had completed a WNDOB background check for a separate AFH on 06/01/2025. Review showed no WNDOB background check for Staff C between 06/21/2023 and 06/01/2025.

<Staff D>
Record review on 08/10/2026, of Staff D's undated employee file, showed that their WNDOB background check expired on 06/16/2020.

Record review of a correspondence received by the Department on 08/11/2026 at 4:07 PM, showed that Staff D had completed a WNDOB background check for a separate AFH on 05/25/2025. Review showed no WNDOB background check for Staff D between 06/16/2020 and 05/25/2025.

During an interview on 08/10/2026 2026 at 3:21 PM, Staff A (Provider) stated that they missed completing an updated WNDOB background check for Staff B. At 3:36 PM, Staff A stated that Staff D had to have another background check because it was current at the time of their inspection in 2022. Staff A stated that they did not know where the paperwork was. Staff A acknowledged that Staff C had an expired WNDOB background check. At 4:18 PM, Staff A stated that they had not run a WNDOB background check for HH1 in the last two to three years and did not know where the records were. Staff A stated that they had not run updated WNDOB background checks for their staff and stated that they needed to set a reminder on their phone to do these every two years.

During an interview on 08/14/2026 at 11:38 AM, Staff A stated that Staff C and D's current background checks were for a separate AFH. Staff A stated that from now on they would start running their staff's background checks at their own AFH. Staff A stated that they were unaware of the disclosure statement for sharing the background checks between separate AFH's. Staff A acknowledged that there was a gap between when Staff C and D's previous background checks had expired and when their current WNDOB background checks for the separate AFH were completed. Staff A stated that they were sure Staff C and D had previous background checks. Staff A stated that they completed an updated WNDOB background check for Staff B after the Department inspection on 08/10/2026.

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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, Adagio AFH is or will be in compliance with this law and / or regulation on (Date) 9/2/2026 .

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

Provider (or Representative) — Date: 9/2/2026

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.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure that the correct doses of medications were obtained for 2 of 2 sampled residents (Resident 2 and 3). The AFH failed to ensure that all prescribed medications were available to Resident 3. The AFH failed to ensure Resident 3's medical directives were followed, and that their medication log was up to date and contained all necessary information. These failures placed Resident 2 and 3 at risk for medication errors and medical complications.

Findings included...

<Resident 2>
Record review showed the AFH admitted Resident 2 on [redacted]/2024 with multiple medical diagnoses. Review of Resident 2's assessment, dated 03/30/2026, showed that Resident 2 required caregiver administration with medications.

<Incorrect medication dose>
Record review of Resident 2's pharmacy printed August 2026 ML, showed an order for routine Acetaminophen (a medication used to relieve pain and reduce fever) 325

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milligram (mg) tablets, take three tablets (975 mg) by mouth (PO) three times daily. Review showed caregiver initials as given at 8 AM, 2 PM and 8 PM on 08/01/2026 through 08/09/2026 and at 8 AM on 08/10/2026.

Observation of Resident 2's medications on 08/10/2026 at 12:20 PM, showed no Acetaminophen 325 mg tablets. Observation of an unlabeled shelf in the medication cabinet showed an over-the-counter (OTC) bottle of extra strength Acetaminophen 500 mg tablets.

During an interview on 08/10/2026 at 12:21 PM, Staff A (Provider) stated that they gave Resident 2 1,000 mg's of the house supplied extra strength Acetaminophen 500 mg tablets a day and trimmed a quarter off, since their total dose of Acetaminophen was 975 mg.

<Resident 3>
Record review showed the AFH admitted Resident 3 on [redacted]/2020 with multiple medical diagnoses. Review of Resident 3's assessment, dated 04/29/2026, showed that Resident 3 required caregiver administration with medications.

<ML not up to date>
Record review of Resident 3's pharmacy printed August 2026 ML showed the following:

- two separate orders for routine Atorvastatin (medication that helps lower cholesterol) 20mg tablets, take one tablet PO at bedtime. Review showed that both Atorvastatin orders had caregiver initials as given at 8 PM on 08/01/2026 through 08/09/2026
- two as needed (PRN) orders for Hydroxyzine HCL (an antihistamine used to treat anxiety, itching and allergic reactions). One order showed Hydroxyzine HCL 25 mg tablet, take one tablet PO daily PRN. The other order showed Hydroxyzine HCL 50 mg tablet, take ½ tablet (25 mg) PO once every day PRN for anxiety. Review showed caregiver initials as given Resident 3 their Hydroxyzine HCL 25 mg tablets once on 08/01/2026, 08/02/2026 and 08/05/2026.

Observation of Resident 3's medications on 08/10/2026 at 12:25 PM, showed one tablet of Atorvastatin 20 mg was packaged in the pharmacy bubble pack. Observation showed one pharmacy bubble pack of PRN Hydroxyzine HCL 25 mg tablets – and no PRN Hydroxyzine HCL 50 mg tablets.

During an interview on 08/10/2026 at 12:41 PM, Staff A indicated that they hadn't realized that there were two separate Atorvastatin 20 mg orders on Resident 3's ML. Staff A stated that they were only giving Resident 3 20 mg of Atorvastatin rather than 40 mg's. Staff A acknowledged that only one tablet of Atorvastatin 20 mg was in the pharmacy bubble pack. Staff A stated that they just had the Hydroxyzine 25 mg tablets for Resident 3. Staff A acknowledged both Hydroxyzine orders were for the same dose but with different directions.

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<Incorrect medication dose>
Record review of Resident 3's pharmacy printed August 2026 ML showed an order for Vitamin C (a supplement used to aid the body's ability to fight infections) 250 mg tablet, take one tablet PO three times daily (8 AM/ NOON/ 4 PM) *AFH supply. Review showed caregiver initials as given at 8 AM, 12 PM and 4 PM on 08/01/2026 through 08/09/2026 and at 8 AM on 08/10/2026.

Observation of Resident 3's medications on 08/10/2026 at 12:25 PM, showed no Vitamin C 250 mg tablets. Observation of an unlabeled shelf in the medication cabinet showed an OTC bottle of Vitamin C 1,000 mg tablets.

During an interview on 08/10/2026 at 12:41 PM, Staff A stated that they gave Resident 3 the house supplied Vitamin C 1,000 mg tablets. Staff A stated that they cut the tablet in half, and then cut it again to get the right dose. At 1:34 PM, Staff A stated that they didn't know they couldn't just cut the medications.

<PRN medications not available>
Observation of Resident 3's medications on 08/10/2026 at 12:25 PM, showed the following prescribed as needed (PRN) orders were not available:

- Deep Sea (saline nasal spray used to moisturize the nasal passages) 0.65% Nose spray
- Diclofenac Sodium (a topical medication used to relieve pain and inflammation) 1% gel
- Fluticasone Propionate (a nasal spray used to relieve allergy symptoms) 50 micrograms (mcg) spray
- Ibuprofen (a medication used to reduce inflammation, fever and pain) 200 mg
- Iodosorb gel (a topical gel used to treat wounds)
- Nystatin (a topical antifungal medication used to treat skin infections) 100,000 unit/gram (GM) powder
- Oxycodone HCL (a medication used to relieve pain) 5 mg tablet

During an interview on 08/10/2026 at 12:41 PM, Staff A stated that they didn't know they needed to have all PRN medications.

<Orders not followed>
Record review on 08/10/2026, of Resident 3's pharmacy printed August 2026 ML, showed an order to check Resident 3's weight once a week. Review showed documentation of Resident 3's weight on 08/01/2026 – with no documentation that it had been checked since then.

During an interview on 08/10/2026 at 12:59 PM, Staff A stated that they did not weigh Resident 3 on 08/08/2026 – one week after Resident 3 was last weighed. Staff A stated that they believed Resident 3 weighed the same as they did on 08/01/2026 and just memorized their weight.

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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, Adagio AFH is or will be in compliance with this law and / or regulation on (Date) 9/2/2026 .

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

Provider (or Representative) — Date: 9/2/2026

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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a written plan if Staff A (Provider) is unable to fulfill their duties at the AFH. This failure placed 4 of 4 residents (Resident 1, 2, 3 & 4) at risk of harm in an event where Staff A is unable to provide care and services to residents.

Findings included...

Record review of the Department's Secure Tracking and Reporting System (STARS) showed the AFH was licensed on 04/30/2019 to provide care and services for up to four residents.

During an interview on 08/10/2026 at 9:21 AM, Staff B (Caregiver) stated that four residents lived at the AFH.

Observation on 08/10/2026 at 9:47 AM, showed four residents resided at the AFH.

Record review showed the AFH had no written succession plan.

During an interview on 08/10/2026 at 4:13 PM, Staff A stated that they were unaware of the requirement and did not have a written succession plan.

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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, Adagio AFH is or will be in compliance with this law and / or regulation on (Date) 9/2/2026 .

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

Provider (or Representative) — Date: 9/2/2026

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;

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(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 observation, record review, and interview, the Adult Family Home (AFH) failed to ensure their medication disposal policy was complete. The AFH failed to ensure expired and discontinued medications were disposed of per requirement. These failures placed 4 of 4 residents (Resident 1, 2, 3 and 4) at risk of being given medications that were expired or discontinued and medications being used improperly.

Findings included...

Record review of the AFH admission agreement policies, undated, showed that unused, leftover and remaining medications would be properly disposed of and discharged residents' medications would go with the resident. The AFH's medication disposal policy did not include the following:

- Time frame for current resident medication disposal of discontinued, expired and refused medications
- Time frame for deceased resident medication disposal
- Time frame for disposing of leftover medications from discharged residents and time frame for ending fulfillment and delivery of discharged residents' medications
- Policy on how the safe disposal of the medication was recorded

Observation on 08/10/2026 at 9:47 AM, showed four residents resided at the AFH.

<Resident 2>
Record review showed the AFH admitted Resident 2 on [redacted]/2024 with multiple medical diagnoses. Record review of Resident 2's assessment dated, 03/30/2026, showed Resident 2 required caregiver administration with medications.

Observation of Resident 2's medications, on 08/10/2026 at 12:20 PM, showed a pharmacy bubble pack of as needed (PRN) Ibuprofen (a medication used to treat relieve pain and reduce fever) 600 milligram (mg) tablet with an expiration date of 07/01/2026. Observation showed a bag of PRN Bisacodyl (a medication used to promote a bowel movement) 10 mg suppositories with a pharmacy label expiration date of 01/10/2026. The individual suppositories showed an expiration date of "2/2027".

Record review of Resident 2's pharmacy generated August 2026 medication log (ML) showed no documentation that PRN Ibuprofen and PRN Bisacodyl were current medications for Resident 2.

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During an interview on 08/10/2026 at 12:21 PM, Staff A (Provider) stated that they had not realized that Resident 2 had PRN Ibuprofen that was not on their ML. Staff A acknowledged that the PRN Ibuprofen was expired. Staff A stated that Resident 2 had PRN Bisacodyl from when they were on hospice. Staff A stated that Resident 2 was discharged from hospice and they would throw away the medication.

<Resident 3>
Record review showed the AFH admitted Resident 3 on [redacted]/2020 with multiple medical diagnoses. Review of Resident 3's assessment, dated 04/29/2026 showed Resident 3 required caregiver administration with medications.

Observation of Resident 3's medications, on 08/10/2026 at 12:25 PM, showed a bag of PRN Bisacodyl suppositories with a pharmacy label expiration date of 01/10/2026. The individual suppositories showed expiration dates of "7/2026" and "7/2027".

During an interview on 08/10/2026 at 1:36 PM, Staff A stated that they mixed medications with coffee grounds, or a prescription (Rx) destroyer and disposed of medications in the trash or gave them back to the pharmacy. At 4:35 PM, Staff A stated that they did not have a complete medication disposal policy, just the statement that was included as part of the residents AFH admission agreement paperwork on unused, left over and remaining 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, Adagio AFH is or will be in compliance with this law and / or regulation on (Date) 9/2/2026 .

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

[redacted] 9/2/2026

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.

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(3) These forms do not replace the notice of rights and services required when a resident is admitted to the adult family home as directed in WAC 388-76-10530 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled residents (Resident 2) had a completed, signed and dated disclosure of charges form in their records. This failure placed Resident 2 at risk of not being fully informed of the fees charged by the AFH.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2024. A disclosure of charges form was not found in Resident 2's record.

During an interview on 08/10/2026 at 1:20 PM, Staff A (Provider) acknowledged that a disclosure of charges form was not in Resident 2's record. Staff A stated that they thought they gave this to Resident 2's representative and never received it back.

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, Adagio AFH is or will be in compliance with this law and / or regulation on (Date) 9/2/2026 .

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

[signature] 9/2/2026

Provider (or Representative) Date

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

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(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled resident's (Resident 2) records had a signed and dated copy of the AFH's policy on accepting Medicaid as a payment source. This failure placed Resident 2 at risk of not being fully informed of their rights or understanding the AFH's Medicaid policy.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2024. Resident 2's record did not contain a signed and dated copy of the AFH's Medicaid policy.

During an interview on 08/10/2026 at 1:20 PM, Staff A (Provider) acknowledged that there was no documentation of the AFH's policy on accepting Medicaid as a payment source in Resident 2's record. Staff A stated that they did not do this for Resident 2 because they had transferred from private pay early this year.

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, Adagio AFH is or will be in compliance with this law and / or regulation on (Date) 9/2/2026 .

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

Provider (or Representative) — Date: 9/2/2026

WAC 388-76-10506 Written residency agreement Residents with medicaid as a payor.

(1) For the purposes of this section "residency agreement" means a legally enforceable written document prepared by the adult family home that contains the rights and responsibilities of the facility and the resident specific to transfer and discharge and is signed by both parties.

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility;

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(b) Requires the facility to agree to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129; and

(c) Requires the facility to provide notice to residents before transfer and discharge that includes information about available legal resources and notice that, subject to legislative appropriation, residents have the right to legal counsel at public expense upon notice of transfer or discharge.

(3) For residents whose payor status changes from medicaid to private pay, a new residency agreement is required if the resident's payor status returns to medicaid.

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

(b) Provided to the resident or their representative.

(5) The residency agreement must be in substantially the following form: Residency agreement residents with medicaid as a payor.

(a) [facility name] agrees to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129.

(b) Subject to legislative appropriation [resident name] has a right to a free lawyer to help them in response to a notice of transfer or discharge. If they want a free lawyer to help them, they must call the long-term care discharge defense screening line at (888) 437-0017.

(c) [Signature of resident/legal representative and date].

(d) [Signature of facility and date]. [Statutory Authority: RCW 18.20.090 , 70.97.230 , and 70.128.040 . WSR 26-08-074, s 388-76-10506, filed 3/30/26, effective 4/30/26. Statutory Authority: RCW 18.20.090 , 70.97.230 , 70.128.040 , 74.09.520 (2), 74.39A.007 , 42 C.F.R. 441.530 (a)(1)(vi)(A), and 441.301 (c)(4)(vi)(A). WSR 25-18-037, s 388-76-10506, filed 8/25/25, effective 1/1/26.]

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 4 of 4 residents (Resident 1, 2, 3 & 4) had the required residency agreement available in their record. This failure placed residents at risk of not having the necessary knowledge of their rights related to a discharge.

Findings included...

During an interview on 08/10/2026 at 10:26 AM, Staff A (Provider) stated that Residents 1, 2, 3 and 4 had [redacted] as their payor.

Record review showed no residency agreements were available for Residents 1, 2, 3 and 4.

During an interview on 08/10/2026 at 1:20 PM, Staff A stated that they were unaware of the residency agreement for residents with [redacted] as payor requirement and did not

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have this available for Residents 1, 2, 3 and 4.

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, Adagio AFH is or will be in compliance with this law and / or regulation on (Date) 9/2/2026 .

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

Provider (or Representative) — Date: 9/2/2026

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

(12) The residency agreement for residents with medicaid as a payor.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 2 of 2 sampled resident's (Resident 1 and 2) records contained all the minimum required documents and information. This failure resulted in an incomplete resident record and placed Residents 1 and 2 at risk of not having the necessary knowledge of their rights related to a discharge, and lost, stolen, or misplaced property.

Findings included...

<Resident 1>
Record review showed the AFH admitted Resident 1 on [redacted]/2025. Resident 1's record did not contain a written residency agreement.

<Resident 2>
Record review showed the AFH admitted Resident 2 on [redacted]/2024. Resident 2's record did not contain a current inventory of personal belongings that was dated and signed by Resident 2 and the AFH. Additionally, Resident 2's record did not contain a written Residency Agreement.

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During an interview on 08/10/2026 at 1:20 PM, Staff A (Provider) acknowledged that the required documents were not in the resident records. Staff A stated that they believed they gave Resident 2's representative the personal belongings inventory and never received it back. Staff A stated that they were unaware of the written residency agreement for residents with [redacted] as payor requirement.

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, Adagio AFH is or will be in compliance with this law and / or regulation on (Date) 9/2/2026.

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

Provider (or Representative) _____ Date 9/2/2026

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

(3) The provider must promote the health, safety, and well-being of each resident residing in each licensed adult family home.

This requirement was not met as evidenced by:

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

Findings included...

Record review of Washington State Department of Health (DOH) website, listed when a medical test site license was required. The website showed that this includes when the AFH administers a medical test (such as a urine test, Covid-19 test or blood sugar test), interprets the test result, or acts upon the test results.

Observation on 08/10/2026 at 9:47 AM, showed four residents resided at the AFH.

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Record review showed the AFH admitted Resident 3 on [redacted]/2020 with multiple medical diagnoses including [redacted]. Review of Resident 3's pharmacy printed August 2026 medication log (ML) showed, an order to check blood glucose (sugar) daily notify medical doctor (MD) if blood sugar less than < 60 or greater than > 350. Review showed documentation on Resident 3's blood glucose levels.

During an interview on 08/10/2026 at 4:14 PM, Staff A (Provider) stated that they checked Resident 1 and 3's blood glucose levels, documented the levels and reported it to the medical doctor if the levels were high or low. Staff A stated that they collected urine samples when they admitted a new resident to the AFH or had a suspicion that there was an infection. Staff A stated that they collected a urine sample for Resident 4 and sent it to lab. Staff A stated that they used to do Covid-19 swabs for residents, but they weren't doing that anymore unless there were symptoms. Staff A stated that they had never heard of the requirement to obtain a MTSW waiver.

Record review of Healthcare Enforcement and Licensing Management System (HELMS) website, showed the AFH had no MTSW.

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, Adagio AFH is or will be in compliance with this law and / or regulation on (Date) 9/2/2026 .

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

[signature] — Provider (or Representative)

9/2/2026 — Date

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 ensure toxic chemicals were secured in locked storage. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of being exposed to toxic chemicals.

Findings included...

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During an interview on 08/10/2026 at 9:21 AM, Staff B (Caregiver) stated that four residents resided at the AFH.

Observation of the unlocked main resident bathroom on 08/10/2026 at 9:30 AM, showed unsecured Febreze spray, Lysol spray, Clorox wipes, Epsom Salt, and toilet cleaner.

Observation of Resident 4's unlocked bedroom on 08/10/2026 at 9:36 AM, showed unsecured Febreze spray.

Observation of Resident 1 and 3's shared unlocked bedroom on 08/10/2026 at 9:47 AM, showed unsecured Febreze spray, Lysol spray, and Clorox wipes.

Observation of the kitchen on 08/10/2026 at 9:56 AM, showed Clorox wipes, Febreze spray, flying insect killer spray, Lysol spray and white out quick dry liquid.

Observation of the dining room on 08/10/2026 at 9:59 AM, showed two bottles of Clorox wipes on the shelf.

During an interview on 08/10/2026 at 9:49 AM, Staff A (Provider) stated that they had not been informed that chemicals needed to be locked up.

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, Adagio AFH is or will be in compliance with this law and / or regulation on (Date) 9/2/2026.

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

Provider (or Representative) _____ Date 9/2/2026

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

(1) In locked storage;

This requirement was not met as evidenced by:

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

Based on observation and interview, the Adult Family Home (AFH) failed to have all medications secured in locked storage. This failure placed 4 of 4 residents (Residents 1, 2, 3, & 4) safety at risk by having access to medications not prescribed for them.

Findings included...

During an interview on 08/10/2026 at 9:21 AM, Staff B (Caregiver) stated that four residents resided at the AFH.

Observation of the unlocked main resident bathroom, on 08/10/2026 at 9:30 AM, showed a bottle of unsecured Chlorhexidine gluconate oral rinse USP 0.12% (a prescription mouthwash used to reduce bacteria and inflammation), VapoRub (an ointment that provides temporary relief for coughs and a sensation of easier breathing) and A&D ointment (an over-the-counter skin protectant) in the cupboards.

Observation of Resident 2's unlocked bedroom on 08/10/2026 at 9:41 AM, showed unsecured A & D ointment.

Observation of the dining room on 08/10/2026 at 9:52 AM, showed a bottle of Systane eye drops (lubricating drops to relieve dryness, irritation and discomfort). Observation showed Staff B placed the eye drops in their pocket.

During an interview on 08/10/2026 at 9:30 AM, Staff B stated that the Chlorhexidine gluconate oral rinse USP 0.12% was for residents, and the A&D supplies in the cupboard were caregiver's supplies. At 9:52 AM, Staff B stated that the Systane eye drops were theirs.

During an interview on 08/10/2026 at 4:27 PM, Staff A (Provider) acknowledged that the over-the-counter medications were unsecured.

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, Adagio AFH is or will be in compliance with this law and / or regulation on (Date) 9/2/2026 .

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

Provider (or Representative) _____ Date 9/2/2026

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

(3) The home must respect the resident's right to refuse to participate in emergency evacuation drills. However, the home must still demonstrate the ability to safely evacuate all residents doing the following:

(a) Documenting the resident's wish to refuse to participate in the negotiated care plan;

(b) Providing an estimate of the amount of time it would take to evacuate the resident and how they calculated this estimate in the negotiated care plan;

(c) Adding the estimated time to the time recorded on the emergency evacuation drill log after each drill to ensure the length of time to evacuate does not exceed five minutes; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure Resident 1's negotiated care plan (NCP) included their refusal to participate in the emergency evacuation drills, provide an estimate of the time it would take to evacuate Resident 1, document how they calculated that estimate and add it to the total recorded length of the evacuation drills. These failures placed 4 of 4 residents (Resident 1, 2, 3 and 4) and staff at risk of harm by not being prepared in case of an emergency.

Findings included...

Observation on 08/10/2026 at 9:47 AM, showed four residents resided at the AFH.

During an interview on 08/10/2026 at 10:48 AM, Staff A stated that Resident 1 refused to participate in emergency evacuation drills.

Record review of the AFH's emergency evacuation logs dated between 01/11/2026 and 07/19/2026 showed Resident 1 consistently refused to participate. Review showed that no added estimated length of time for Resident 1's refusals were added to the total length of the drills.

Record review showed the AFH admitted Resident 1 on [redacted]/2025 with multiple medical diagnoses. Resident 1's NCP, dated 11/01/2025, showed that Resident 1 required caregiver assistance with evacuation. Resident 1's NCP showed no documentation of their refusals to participate in emergency evacuation drills. Resident 1's NCP showed no estimate or explanation of how the AFH would calculate the amount of time that it would take to evacuate Resident 1.

During an interview on 08/10/2026 at 1:34 PM, Staff A (Provider) stated that Resident 2's NCP showed that Resident 1 refused therapies and thought that was enough. Staff A stated that they were unaware of the requirement to provide an estimation of the

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amount of time it would take to evacuate Resident 1 and add it to the total length of the drill.

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, Adagio AFH is or will be in compliance with this law and / or regulation on (Date) 9/2/2026 .

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

Provider (or Representative) — Date: 9/2/2026

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 interview, the Adult Family Home (AFH) failed to ensure the AFH had a posted evacuation route on each floor of the home as required. This failure placed 2 of 2 household members (HH1 and HH2), and 2 of 2 live-in staff (Staff A, Provider, and Staff B Caregiver) at risk for not knowing how and where to evacuate from the home during an emergency.

Findings included...

Observation of the downstairs on 08/10/2026 at 10:11 AM, showed no emergency evacuation floor plan.

During an interview on 8/10/2026 at 10:11 AM, Staff A (Provider) stated that they had never been asked for this, so they did not have an emergency evacuation floor plan prepared for the downstairs.

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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, Adagio AFH is or will be in compliance with this law and / or regulation on (Date) 9/2/2026 .

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

Provider (or Representative) — Date: 9/2/2026

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