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

Sydney Adult Family Homes LLC

Sydney Adult Family Homes LLC
33011 27th Ave SW
Federal Way, WA 98023

RE: Sydney Adult Family Homes LLC License # 755509

Dear Provider:

This letter addresses Compliance Determination(s) 63475 (Completion Date 08/04/2025) and 60338 (Completion Date 06/04/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/04/2025 and found that you have corrected the violations listed in the Full report dated 06/04/2025. Your home is back in compliance as of 06/04/2025 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 388-76-10430-2-c, WAC 388-76-10430-1, WAC 388-76-10805-1, WAC 388-76-10805-4, WAC 388-76-10805-3

The Department staff who did the on-site verification:
Kirsten Biddle, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

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

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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 05/29/2025 of:
Sydney Adult Family Homes LLC
33011 27th Ave SW
Federal Way, WA 98023

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

The department staff that inspected the Adult Family Home:

Kirsten Biddle, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
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 | Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative) | Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on observations, interviews, and record review, the Adult Family Home (AFH) failed to check the availability of the medication supply for 1 of 2 residents' (Resident 2) when staff signed that it was given in the medication administration record (MAR). This failure placed all residents at risk of not receiving medications as ordered.

Findings included…

Record review of Resident 2's MAR dated, May 2025, showed on page 1 that the prescription of Citalopram was signed for as given from 05/01-05/29/2025. Additional record review of the April 2025, March 2025, and February 2025 MAR for Resident 2 showed that the Citalopram medication was provided each day of the months at 8:00 AM.

During medication review with Staff A, Provider, on 05/29/2025 at 1:52 PM, observation of Resident 2's blister pack (also known as bingo cards or bubble packs, are the most commonly used medication packaging in long-term care facilities, offering individual

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medication dose); did not include Citalopram (an anti-depressant used to regulate mood) in the blister pack.

Observation of the medication cabinet on 05/29/2025 at 1:55 PM, did not show the Citalopram medication for Resident 2.
In an interview on 05/29/2025 at 2:20 PM, Staff A reported that signing on the MAR for the Citalopram as given to Resident 2 was an oversight.

Record review of the pharmacy titled, “Delivery Sheets” dated 05/01/2025, showed prescriptions that were delivered to the AFH on 05/02/2025. The citalopram was not shown as delivered.

In an interview on 06/05/2025 at 5:15 PM, with Staff B, Caregiver, they stated when asked why they did not check the medication supply before giving, “I don’t have a good reason… always checking before but this time I skipped… my mistake.”

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, Sydney Adult Family Homes LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Provider (or Representative) Date

WAC 388-76-10805 Automatic smoke alarms.

(1) The adult family home must ensure approved automatic smoke alarms are installed and maintained according to manufacturer instructions;

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

(4) Each smoke alarm must be kept in working condition at all times.

This requirement was not met as evidenced by:

Based on observations and interviews, the Adult Family Home’s (AFH) smoke alarms failed to sound when tested in 2 of 5 licensed rooms (Bedroom C, vacant and [redacted], occupied by Resident 1). This failure placed all residents at risk of harm due to the

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failure of the smoke alarm during an actual fire.

Findings included…

In an observation on 05/29/2025 at 3:55 PM, smoke alarms were tested and sounded an alarm in the AFH's [Bedroom A, B and E] hallway locations, and common rooms; except for Bedroom C and [redacted]. Included in the observation was the smoke alarm sounding on the ceiling of one of the common rooms located two feet from the adjacent Bedroom C and [redacted] doorways. At 3:59 PM, Staff A replaced the batteries in Bedrooms C and [redacted] and were tested individually which did not sound an alarm.

In an interview with Staff A, Provider, on 05/29/2025 at 4:05 PM, they reported that the smoke alarms did sound alarm in all the licensed bedrooms earlier in May 2025, when the partial evacuation drill was performed.

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, Sydney Adult Family Homes LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Provider (or Representative) _____ Date _____

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