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

Alderwood Adult Family Home LLC
Des Moines Home Care LLC
3732 156th St SW Apt D
Lynnwood, WA 98087

RE: Des Moines Home Care LLC License # 755595

Dear Provider:

This letter addresses Compliance Determination(s) 67124 (Completion Date 10/15/2025) and 64936 (Completion Date 09/11/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/15/2025 and found that you have corrected the violations listed in the Full report dated 09/11/2025. Your home is back in compliance as of 09/28/2025 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 388-112A-0610-1-f, WAC 388-76-10135-4, WAC 388-112A-0720-1-c-ii, WAC 388-76-10135-7, WAC 388-76-10135-8, WAC 388-76-10198-2-a, WAC 388-76-10198-3, WAC 388-76-10198-4, WAC 388-76-10255, WAC 388-76-10255-1, WAC 388-76-10255-2, WAC 388-76-10255-3, WAC 388-76-10255-4, WAC 388-76-10255-4-a, WAC 388-76-10255-4-b, WAC 388-76-10290-2, WAC 388-76-10430-2-d, WAC 388-76-10430-2-c, WAC 388-76-10455-2, WAC 388-76-10895-2-b, WAC 388-76-10895-2-a

The Department staff who did the on-site verification:
Michele Grumke, AFH Licensor

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

Sincerely,

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

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

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 08/28/2025 of:

Des Moines Home Care LLC
22864 27th Ave S
Des Moines, WA 98198

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:

Michele Grumke, AFH 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

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 — 9-11-2025 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) — 09/28/2025 Date

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(f) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 .

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 1 staff (Staff C, Caregiver) had completed food handler's training before preparing lunch for residents. This failure placed all residents' (Resident 1 and Resident 2) at risk of food borne illness.

Findings included...

On 08/28/2025 at 12:07 PM observation showed Staff C prepared lunch for Resident 1 and Resident 2.

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

A review of Staff C's personnel records showed a hire date of 10/12/2023. Further review showed Staff C's food worker card had expired on 09/02/2024.

In an interview on 08/28/2025 at 2:29 PM, Staff C stated that they had completed food handler training.

In an interview on 08/28/2025 at 2:30 PM, Staff A, Entity Representative, stated that they would send Staff C's food handler training to the department.

Emailed records received by the department on 09/03/2025 at 9:39 AM from Staff A showed Staff C had not completed food handler training prior to the department's visit on 08/28/2028.

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, Des Moines Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 09/28/2025.

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

Provider (or Representative) _____ Date 09/28/2025

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(1) Adult family homes.

(c) Adult family home long-term care workers must obtain and maintain a valid CPR and first-aid card or certificate as follows:

(ii) Before providing care for residents, if not directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate.

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

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 3 staff (Staff B, Resident Manager, and Staff C, Caregiver) had valid Cardiopulmonary Resuscitation (CPR) and first-aid cards. This failure placed all residents at risk of receiving incorrect care in the case of medical emergencies requiring CPR and/or first-aid occurred.

Findings included...

During a visit on 08/28/2025 at 8:45 AM, observation showed Resident 1 and Resident 2 lived in and received care from the AFH. Further observation showed Staff C worked alone in the AFH with the residents.

In an interview on 08/28/2025 at 10:39 AM, Staff A, Entity Representative, stated that Staff B worked as needed in the AFH. Staff A further stated that Staff C lived in and worked full time in the AFH.

A review of Staff B's personnel records showed a hire date of 10/08/2022. Further review showed Staff B's CPR/first-aid card expired on 10/08/2024.

A review of Staff C's personnel records showed a hire date of 10/12/2023. Further review showed Staff C's CPR/first-aid card expired on 09/01/2024.

In an interview on 08/28/2025 at 2:34 PM, Staff C stated that they were unaware their CPR/first-aid card had expired.

In an interview on 08/28/2025 at 4:06 PM, Staff A stated that they would send Staff B's CPR/first-aid card to the department.

Emailed records received by the department on 09/03/2025 at 9:39 AM showed Staff B did not have a valid CPR/first-aid card at the time of the department's visit on 08/28/2025.

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

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, Des Moines Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 09/28/2025.

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

Provider (or Representative) — Date: 09/28/2025

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:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 4 of 4 staff (Staff A, Entity Representative, Staff B, Resident Manager, Staff C, Caregiver, and Staff D, Caregiver) had a complete set of staff records readily available for review. These failures delayed the Department from determining if Staff A, Staff B, Staff C, and Staff D were qualified to care for 2 of 2 residents' (Resident 1 and Resident 2) when they worked with vulnerable adults.

Findings included...

During a visit on 08/28/2025 at 8:45 AM, observation showed Resident 1 and Resident 2 lived in and received care from the AFH. Further review showed Staff C worked in the AFH with the residents.

On 08/28/2025 at 10:03 AM observation showed Staff A, Entity Representative arrived at the AFH.

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

Staff A

On 08/28/2025 at 10:03 AM observation showed Staff A arrived at the AFH.

A review of Staff A's personnel records showed the AFH was licensed under them on 05/17/2022. Further review showed a Food Handler card that expired on 04/18/2025, a Cardiopulmonary Resuscitation (CPR)/first-aid card that expired on 03/2025, and Tuberculosis (TB), a communicable disease that affects the lungs, negative chest x-ray dated 04/08/2011 and a TB skin test dated 02/22/2013 that showed further evaluation and/or treatment was required.

In an interview on 08/28/2025 at 2:36 PM, Staff A stated that they had completed food handler training. Staff A further stated that they had a positive TB skin test result and then had a chest x-ray completed. In addition, Staff A stated that they would send their food handler's training, CPR/first-aid card, and all TB testing records to the department.

Staff B

A review of Staff B's personnel records showed a hire date of 10/08/2022. Further review showed Staff B did not have a fingerprint background check or food handler training with their records.

In an interview on 08/28/2025 at 2:40 PM, Staff A stated that they would send Staff B's fingerprint background check and food handler training records to the department.

Staff C

A review of Staff C's personnel records showed a hire date of 10/12/2023. Further review showed Staff C had no fingerprint background check result.

In an interview on 08/28/2025 at 2:43 PM, Staff A stated that they would send Staff C's fingerprint background check to the department.

Staff D

A review of Staff D's personnel records showed a hire date of 11/25/2024. Further review showed no fingerprint background check result and no TB testing records.

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

In an interview on 08/28/2025 at 2:51 PM, Staff A stated that they would send Staff D's fingerprint background check and TB testing records to the department.

As of 09/02/2025 at 5:00 PM, Staff A's food handler training , CPR/first-aid, and TB testing records had not been received by the department. In addition, Staff B, Staff C, and Staff D's fingerprint background checks, Staff B's food handler training, and Staff D's TB testing records had not been received by the department.

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, Des Moines Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 09/28/2025 .

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

Provider (or Representative) — Date: 09/28/2025

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

(2) Emphasizes frequent hand washing and other means of limiting the spread of infection;

(3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

(4) Directs all staff to:

(a) Dispose of razor blades, syringes, and other sharp items in a manner that will not risk the health and safety of residents, staff, other persons residing in the home or the public; and

(b) Use all disposable and single-service supplies and equipment only one time as specified by the manufacturer.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to develop an infection control policy based on nationally recognized infection control standards. This failure placed all residents' (Resident 1 and Resident 2) at risk of illnesses.

Findings included...

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

A review of the AFH's administrative policies and procedures found no infection control policy.

In an interview on 08/28/2025 at 10:51 AM, Staff A, Entity Representative, stated that they had an infection control policy and would send it to the department.

As of 09/02/2025 at 5:00 PM, the AFH's infection control policy had not been received by the department.

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, Des Moines Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 09/28/2025.

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

Provider (or Representative) _____ Date 09/28/2025

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(2) Ensure each resident or employee with a positive test result is evaluated for signs and symptoms of tuberculosis; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 staff (Staff B, Resident Manager, and Staff C, Caregiver) with a positive Tuberculosis (TB) test were evaluated for signs and symptoms of TB. This failure placed all residents' (Resident 1 and Resident 2) at risk of exposure to TB, a communicable disease that affects the lungs.

Findings included...

During a visit on 08/28/2025 at 8:45 AM, observation showed Resident 1 and Resident 2 lived in and received care from the AFH. Further observation showed Staff C worked in the AFH with the residents.

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

A review of Staff B's personnel records showed a hire date of 10/08/2022. Further review showed Staff B had a negative chest x-ray on 09/27/2023 due to a positive blood test.

A review of Staff C's personnel records showed a hire date of 10/12/2023. Further review showed no TB testing records.

Emailed records received by the department on 09/02/2025 at 3:46 PM from Staff A showed a negative chest x-ray dated 04/25/2022 for Staff C to rule out TB. Further review showed no documentation that Staff C had a prior positive TB skin test result.

In an interview on 09/04/2025 at 1:24 PM, Staff C stated that they had a positive TB skin test result and then had a chest x-ray completed.

A review of an email correspondence from Staff A dated 09/09/2025 at 2:51 PM showed Staff A did not have signs or symptoms paperwork for Staff B or Staff C.

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, Des Moines Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 09/28/2025

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

Provider (or Representative) — Date: 09/28/2025

WAC 388-76-10430 Medication system.

(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, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled resident (Resident 1) received medication as required and kept an up-to-date medication log. This failure placed Resident 1 at risk of worsening conditions and medication errors.

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

Findings included...

A review of Resident 1's August 2025 pharmacy generated medication log showed Resident 1 was prescribed Polyethylene Glycol, for constipation, mix 1 capful 17 gram (gm) into 8 ounces (oz) of liquid and drink by mouth every 24 hours as needed.

On 08/18/2025 at 1:52 PM observation of Resident 1's Polyethylene Glycol medication label showed mix 1 capful 17 gm into 4-6 oz of water and give per g-tube (a tube used to provide nutrition and medication through a tube in the abdomen for individuals who cannot take orally) every morning. Observation further showed Resident 1 had a bottle of Polyethylene Glycol that was one-eighth full, had a second bottle that had not been opened, and both medication labels included to give per g-tube.

In an interview on 08/28/2025 at 1:56 PM, Staff C, Caregiver, stated that they provided Resident 1 their Polyethylene Glycol per the resident's Primary Care Physician (PCP) order, by mouth with water. Staff C further stated that Resident 1 did not have a g-tube and never had. In addition, Staff C stated that they had noticed on Resident 1's Polyethylene Glycol medication label that the route was through a g-tube. Staff C stated that they had not contacted the pharmacy when they noticed the discrepancy.

In an interview on 09/04/2025 at 10:46 AM, Collateral Contact 1 (CC1) stated that Resident 1's Polyethylene Glycol had been filled on 08/20/2025 and 07/25/2025. CC1 further stated that they had not been contacted concerning the discrepancy of providing Polyethylene Glycol through g-tube for Resident 1.

A review of Resident 1's August 2025 pharmacy generated medication log showed Resident 1 was prescribed Prednisone, for inflammation, 5 milligram (mg), take 1 tablet by mouth every morning.

On 08/28/2025 at 2:23 PM observation of Resident 1's Prednisone 5 mg medication label showed take 1 tablet by mouth twice daily.

In an interview on 08/28/2025 at 2:25 PM, Staff C stated that Resident 1's PCP had changed the order for the residents Prednisone 5 mg on 08/18/2025. Staff C further stated that they had forgotten to change Resident 1's entry on their medication log for Prednisone 5 mg from once daily to twice daily. In addition, Staff C stated that they had been providing Resident 1 their Prednisone 5 mg twice daily and had not been documenting the second dose.

A review of Resident 1's PCP order dated 08/18/2025 showed Prednisone 5 mg, take 1 tablet by mouth twice daily.

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

A review of Resident 1's PCP order dated 07/22/2025 showed Prednisone 5 mg, take 1 tablet by mouth twice daily.

In an interview on 09/04/2025 at 10:49 AM, CC1 stated that Resident 1's Prednisone 5 mg, take 1 tablet by mouth twice daily, was originally ordered by Resident 1's PCP on 07/22/2025.

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, Des Moines Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 09/28/2025.

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

Provider (or Representative) — Date: 09/25/2025

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

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 1 resident (Resident 2) assessed need of requiring medication administration for topical medication was followed and included staff being nurse delegated (a state program that allows nursing assistants working in certain settings, like AFH, to perform certain tasks, like administration of prescribed medicines, normally performed only by licensed nurses). This failure placed Resident 2 at risk of not receiving the full effect of medication from inadequate application.

Findings included...

In an interview on 08/28/2025 at 10:28 AM, Staff A, Entity Representative, stated that Resident 2 applied topical medication independently to their rash. Staff A further stated that Resident 2 did not require nurse delegation as the resident applied the topical medication independently.

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

On 08/28/2025 at 11:19 AM observation showed Resident 2 had a rash located on their left shoulder that was the size of a golf ball.

A review of Resident 2's current annual assessment dated 12/11/2024 showed on page 8 and page 18, staff were to apply topical medication to Resident 2's rash located on the residents back, upper arms, and shoulders. In addition, review showed on page 8, nurse delegation was required.

In an interview on 08/28/2025 at 3:08 PM, Staff A stated that they were not aware Resident 2's assessment required staff to apply topical medication to the resident's rash and that nurse delegation was required.

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, Des Moines Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 09/28/2025

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

Provider (or Representative) — Date 09/28/2025

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

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

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 1 AFH provider completed partial emergency evacuation drills during random staffing shifts at least every 60 days. In addition, the AFH failed to ensure 1 of 1 AFH provider completed a full emergency evacuation drill at least once each calendar year. This failure placed all residents' (Resident 1 and Resident 2) at risk of harm or injury in the event an emergency requiring evacuation from the AFH occurred.

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

Findings included,,,

During a visit on 08/28/2025 at 8:45 AM, observation showed Resident 1 and Resident 2 lived in and received care from the AFH. In addition, observation showed Resident 1 ambulated independently with an unsteady gait and Resident 2 ambulated independently.

In an interview on 08/28/2025 at 10:28 AM, Staff A, Entity Representative, stated that Resident 1 used a wheelchair as needed.

A review of the AFH's "Emergency Evacuation Drill" logs showed an evacuation drill was conducted by Staff A on 08/05/2025 from 4:00 PM- 4:05 PM and did not indicate if the drill was full or partial. Review further showed a partial evacuation drill was conducted by Staff A on 05/04/2025 from 4:00 PM-4:05 PM. In addition, review showed on 03/01/2025 Staff A conducted a partial evacuation drill starting at 5:00 PM with no end time noted that lasted 5 minutes. Review showed on 01/28/2025, Staff A conducted a partial evacuation drill from 4:00 PM-4:05 PM. Further review showed a partial evacuation drill was conducted on 11/11/2024 by Staff A from 3:00 PM-3:05 PM and Staff B, Resident Manager, had participated in the drill. Continued review showed a partial evacuation drill was conducted by Staff A on 09/01/2024 from 5:00 PM-5:05 PM and Staff B had participated in the drill. Additionally, review showed on 07/08/2024 from 4:00 PM-4:05 PM Staff A had conducted a partial evacuation drill and Staff B had participated in the drill. Review showed the last full evacuation drill was conducted by Staff A on 01/10/2024, had no start or end time noted, and did not include the length of the drill. The 01/101/2024 full evacuation drill further showed Staff B had participated in the drill. In addition, review showed partial evacuation drill's had been conducted on 08/05/2025 and 05/04/2025, not every 60 days. Review further showed all evacuation drills had been conducted from 3:00 PM through 5:05 PM, not during random staffing shifts.

In an interview on 08/28/2025 at 2:50 PM, Staff A stated that the AFH conducted a partial evacuation drill every 60 days and a full evacuation drill every year. Staff A further stated that they had not been providing oversight with the evacuation drills and that was how the errors had occurred.

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

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, Des Moines Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 09/28/2025

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

Provider (or Representative) Date 09/28/2025

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