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

Overflowing Love AFH LLC

Overflowing Love AFH LLC
22526 108th Ave SE
Kent, WA 98031

RE: Overflowing Love AFH LLC License # 755714

Dear Provider:

This letter addresses Compliance Determination(s) 69909 (Completion Date 12/26/2025) and 65163 (Completion Date 10/15/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/26/2025 and found that you have corrected the violations listed in the Full report dated 10/15/2025. Your home is back in compliance as of 09/05/2025 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 388-76-10280-2, WAC 388-76-10485-1, WAC 388-76-10895-2-a

The Department staff who did the on-site verification:
Karen Beardsley, NCI

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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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 09/04/2025 of:
Overflowing Love AFH LLC
22526 108th Ave SE
Kent, WA 98031

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Karen Beardsley, NCI

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 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 staff (Staff B, Resident Manager) who had a record of negative Tuberculosis (TB) test in previous 12 months completed one TB testing. This placed all the residents living in the home at potential risk of exposure to tuberculosis.

Findings included…

Record review of Staff B's TB testing records dated 04/13/2023 showed that they had TB skin test completed on 04/10/2023 with a negative result, read on 04/13/2023. No further TB test records were found for Staff B.

Record review of orientation document dated 04/18/2023 showed that Staff B was hired on 04/18/2023.

On 09/04/2025 at 1:03 PM, during an interview, Staff B stated that they were not aware that they needed to have another TB test completed.

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On 09/04/2025 at 1:09 PM, during an interview, Staff A, Provider, stated that they found the TB testing requirements confusing and that they had not realized Staff B needed to have further testing.

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, Overflowing Love AFH 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 388-76-10485 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:

Based on interview, observation and record review, the Adult Family Home (AFH) failed to keep all medications in a lock storage for 1 of 6 residents (Resident 5). This failure placed Resident 5 and other ambulatory residents at potential risk of misuse of medication and at risk for its side effects.

Findings included…

On 09/04/2025 at 8:59 AM, observation showed one sealed 60 tablet box of AZO yeast relief (an over-the counter medication to relieve the symptoms of vaginal and yeast infections, a fungal infection that can occur in various parts of the body), one, one ounce (oz) tube of Benadryl topical cream (a medication to treat bug bites, sunburn, poison ivy rash, and other minor skin irritations), and one 0.5 oz tube of Neosporin cream (an over-the-counter topical antibiotic ointment used to prevent infection in minor cuts, scrapes, and burns) placed unsecured on the bedside tray table at the foot of Resident 5's bed.

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Record review of Resident 5's Medication Administration Record (MAR) dated 07/01/2025 – 09/30/2025 showed that AZO yeast relief, Benadryl topical cream and Neosporin cream were not included in the MAR. No physician's orders were found.

On 09/04/2025 at 9:10 AM, during an interview, Staff A, Provider, stated that Resident 5 would order items to be delivered and that staff were unaware when they received medications delivered that were not from the pharmacy. Staff A further stated that all six residents in the home were ambulatory with Residents 2, 3, 4 and 5 using walkers and Resident 1 being independent for walking. Staff A stated that they would obtain a lockbox for Resident 5's medications.

On 09/04/2025 at 3:03 PM, during an interview, Resident 5 stated that they wanted their medications in their bedroom so that they could reach them when they needed them and that they were unaware that the medications had to be secured. Resident 5 stated that they would be willing to use a lockbox for 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, Overflowing Love AFH 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 388-76-10895 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;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to conduct partial emergency evacuation drills at least every sixty days between 06/04/2025 to 09/04/2025. This placed the residents at potential risk of being unprepared in the event of an emergency.

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Findings included…

Record review of evacuation drills dated 06/01/2024 - 09/01/2025 showed that the last partial emergency evacuation drill was done on 06/03/2025 and that no drill was completed in August 2025.

On 09/09/2025 at 9:31 AM, during an interview, Staff A, Provider, stated that they did not realize they were overdue for a partial emergency evacuation drill and would do a new drill as soon as possible.

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, Overflowing Love AFH 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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