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

Kate and Scot LLC

Kate and Scot LLC
30230 21st Ave S
Federal Way, WA 98003

RE: Kate and Scot LLC License # 756396

Dear Provider:

This letter addresses Compliance Determination(s) 66614 (Completion Date 12/04/2025) and 60116 (Completion Date 08/07/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/04/2025 and found that you have corrected the violations listed in the Full report dated 08/07/2025. Your home is back in compliance as of 09/30/2025 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 388-76-10895-3-c, WAC 388-76-10895-3-b, WAC 388-76-10895-3-a, WAC 388-76-10750-7, WAC 388-76-10315-1-g, WAC 388-76-10198-2-a, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10165-2, WAC 388-76-10165, WAC 388-76-10129-1-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

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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 05/23/2025 of:
Kate and Scot LLC
14536 SE 167th St
Renton, WA 98058

The following sample was selected for review during the unannounced on-site visit: 2 of 3 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 388-76-10895 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 record review, observation, and interview, the Adult Family Home (AFH) failed to document 2 of 3 residents (Residents 1 and 2) wish to refuse participation in evacuation drills and the estimated time it would take to evacuate them in the Negotiated Care Plan (NCP). This placed Residents 1 and 2 at risk of being unprepared in the event of an emergency.

Findings included…

On 05/23/2025 at 9:40 AM, observation showed Resident 2 reclining in a [redacted] watching TV in their bedroom.

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On 5/23/2025 at 10:58 AM, observation showed Staff D, Caregiver, assisting Resident 1 to their bedroom in wheelchair and performing one person transfer from wheelchair to bed. Observation showed Resident 1 was unable to assist or hold weight independently.

On 5/23/2025 at 11:05 AM, during an interview, Staff C, Caregiver, stated that Resident 1 and 2 were full assist for transfers and unable to independently leave the building in an emergency.

Record review of “Adult Family Home Emergency Evacuation Drills” dated 05/09/2025, 03/14/2025, 01/11/2025, 11/01/2024, and 09/15/2024 showed that of the last five drills were completed within the home, Resident 1 and 2 did not participate.

On 05/23/2025 at 2:30 PM, during an interview with Staff A, Provider, they stated that Resident 1 and 2 preferred not to participate in the evacuation drills.

Review of Resident 1’s NCP, dated 07/05/2025, showed no documentation in the NCP reflecting the Resident’s wish to refuse to participate in the evacuation drills.

Review of Resident 2’s NCP, dated 03/10/2025, showed no documentation in the NCP reflecting the Resident’s wish to refuse to participate in the evacuation drills.

On 07/14/2025 at 3:20 PM, during a telephone interview with Staff A, they stated that Residents 1 and 2 did not participate in the evacuation drills but that they had been unaware that they weren’t included in their NCPs.

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, Kate and Scot 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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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 interview, observation and record review, the Adult Family Home (AFH) failed to ensure chemical substances were placed in locked storage. This placed 3 of 3 residents (Residents 1, 2, and 3) living in the home at risk of exposure to toxic substances.

Findings included…

On 05/23/2025 at 9:25 AM, observation showed the laundry room door was propped open. Two shelves were observed on the back wall above the washing machine and dryer. The top shelf contained one open 60 fluid ounce (fl oz) Pine Sol (household cleaner and deodorizer) jug, less than half full, one sealed 60 fl oz Pine Sol jug, three plastic containers of Clorox (bleach based disinfectant) wipes, one 210 fl oz Fabuloso bottle (a household cleaner), less than half full, one 20 fl oz green canister of spray Scrubbing Bubbles (household cleaner), and on the bottom shelf, one 60 fl oz pourable container of hand sanitizer and one 33 fl oz Clorox stain remover jug.

On 05/23/2025 at 12:15 PM, during an interview, Staff D, Caregiver, was asked if the laundry room was always kept open and they stated that it was normally propped open so that they could get to it easily.

On 05/23/2025 at 1:24 PM, observation showed that the door to the laundry room was closed but the key was sitting in the lock.

On 07/14/2025 at 3:00 PM, during a telephone interview, Staff A, Provider, was asked if they were aware that the laundry door was being kept open. Staff A stated that their policy was that the caregivers were to keep it always locked but that they would address it.

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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, Kate and Scot 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 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have complete records of 3 of 3 residents (Residents 1, 2 and 3) available to department staff for review. This failure interfered with the department assessing the facility for compliance and prevented caregivers from having access to residents' Negotiated Care Plan (NCP) and assessments.

Findings included…

On 05/23/2025 at 10:03 AM, during an interview, Staff C, Caregiver, was asked about residents' documents, and they stated that they thought it was on the kitchen table in the dining area.

On 05/23/2025 at 10:05 AM, observation showed the dining table had several papers including written phone numbers, study materials for home care assistant certification and a physical therapy assessment for Resident 3. However, no NCP's and assessments were found for Residents 1, 2 and 3.

On 05/23/2025 at 1:09 PM, during an interview with Staff C, they stated that they did not know where any other resident records for Residents 1, 2 and 3 were and that they

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had been removed from the home by Staff A, Provider.

On 05/23/2025 at 2:30 PM, during an interview with Staff A, they confirmed that they were aware that records were not present in the home and that they had them somewhere else. Staff A requested a written list of the requested items and stated they would email all the residents' records that were missing. Department Staff left a list of documents to be sent to the department.

On 06/01/2025 at 2:53 PM, Department staff received an email correspondence from Staff A which included the NCP's and assessments for Residents 1, 2 and 3.

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, Kate and Scot 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 388-76-10198 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;

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure 3 of 4 staff (Staff B, Co-Provider, Staff C, Caregiver, Staff D, Caregiver) had staff training records readily accessible to the department. This failure delayed the department from knowing if the AFH met the state minimum requirements and in determining if residents were receiving care from unqualified staff.

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Findings included…

In an interview on 05/23/2025 at 11:45 AM with Staff C, they stated that them and Staff D were full-time caregivers and that on days that they don't work Staff A, Provider, was in the home providing care.

During review of Adult Family Home training records no training records were found for Staff B and no staff orientation was found for Staff C and D.

On 05/23/2025 at 1:09 PM, during an interview with Staff C, they stated that they did not know where the specialty training or home care aide certification for Staff B were and that records were not in the home.

On 05/23/2025 at 2:30 PM, during an interview with Staff A, they confirmed they were aware that records were not present in the home and that they had them somewhere else. Staff A requested a written list of the requested items and stated that they would email all documents. Department Staff left a list of documents to be sent to the department.

On 05/29/2025 at 9:31 AM, a follow-up email correspondence was sent to Staff A with a list of the requested documents including facility orientation and date of hire for Staff C and D, home care aid certification and nurse delegation (the process where a registered nurse [RN] directs another qualified individual to perform specific nursing tasks or activities while the RN retains overall accountability for patient outcomes) certificate for Staff B, and certification of basic training and specialty training for Staff B.

On 07/25/2025, the department received all the requested training documents via email correspondence.

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, Kate and Scot 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 388-76-10165 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 .

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure there was a valid Washington State Name and Date of Birth (WNDOB) background check, and a background check application was submitted every two years for 3 of 4 staff (Staff A, Provider, Staff B. Co-Provider and Staff D, Caregiver). This placed residents at potential risk of harm from caregivers with an unknown criminal background history.

Findings included…

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On 05/23/2025 at 1:33 PM, during an interview, Staff D stated that they had completed a background check but that they did not have the documentation and that Staff A had it in their files.

On 05/29/2025 at 11:30 AM, in an interview, Staff A informed Department Staff (DS) by email correspondence that they did not know the process for how to obtain DSHS background checks and had not ever been able to complete them.

On 06/02/2025 at 3:26 PM, DS received an email correspondence from the Background Check Central Unit (BCCU [department that does background check]) showing that Staff A had a Fingerprint-based background check completed on 07/29/2022 and a WNDOB background check which expired 03/01/2025, Staff B had a Fingerprint-based background check completed on 07/29/2022 and WNDOB background check that had expired on 01/14/2024, and Staff D had no WNDOB.

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, Kate and Scot 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 388-76-10129 Qualifications Adult family home personnel.

(1) The adult family home must ensure that any person employed or used by the adult family home, directly or by contract, is qualified and meets all of the applicable requirements of this chapter and chapter 388-112A WAC. This may include, but is not limited to:

(a) The provider;

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff A, Provider) had nurse delegation (the process where a registered nurse (RN) directs another qualified individual to perform specific nursing tasks or activities while the RN retains overall accountability for patient outcomes) certification, Dementia (a decline in mental abilities severe enough to interfere with daily life) Specialty training

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and Home Care Aide certification. This placed the residents living in the home at potential risk of inadequate care from an untrained caregiver.

Findings included…

388-112A-0050

What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, a long-term care worker and an adult family home provider in an adult family home:

(b) Adult family home provider or entity representative; Safety/Orientation training. Seventy-hour long-term care worker basic training. 12 hours Continuing education. Home Care Aide certification.

(b) Nurse delegation under WAC 388-112A-0500 and 388-112A-0560;

On 05/23/2025 at 1:09 PM, when asked to provide documentation of training for Staff A, Staff C, Caregiver, stated that the paperwork was not in the home.

During review of AFH training records showed no training records were found for Staff A.

On 05/23/2025 at 2:30 PM, during an interview with Staff A, they stated that their training records were not in the home but that they could provide them once they located them.

On 05/29/2025 at 9:31 AM, a follow-up email correspondence was sent to Staff A with a list of the requested documentation including home care aid certification, and nurse delegation, and Dementia Specialty training for Staff A.

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On 07/10/2025 at 4:58 PM, during a follow up telephone interview, DS requested training records for Staff A including nurse delegation Dementia Specialty training and Home Care Aide certification.

On 07/14/2025 at 3:00 PM, during an interview, Staff A stated that they were unsure if they had nurse delegation training but then stated that they had never taken a class. Staff A stated that they had a nursing assistant registered certification but not a home care aide certification. Staff A added that they did not have the Dementia Specialty training.

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, Kate and Scot 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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