STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

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

SK Living Adult Family Homecare LLC
SK Living Adult Family Homecare LLC
1340 22nd St NW
Puyallup, WA 98371

RE: SK Living Adult Family Homecare LLC # 756525

Dear Provider:

This document references Compliance Determination 66878 (Completion Date 10/08/2025).

The Department completed a full inspection of your Adult Family Home on 10/08/2025 and found that your home does not meet the Adult Family Home licensing requirements.

The department staff who did the inspection and provided consultation:

Hung Bui, Adult Family Home RN Licensor

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

On 10/7/2025, observation showed that the fire extinguisher near the kitchen was last serviced in September, 2024 (8 days past annual service and inspection requirement). To correct the issue, the Provider purchased a new replacement unit and emailed a proof of purchase receipt to the Department on 10/8/2025.

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.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(i) A certified home care aide;

(2) A long-term care worker who does not complete continuing education as required under this chapter must not provide care until the required continuing education is completed.

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:

(d) Staff; and

(e) Caregivers.

On 10/7/2025, an administrative records review showed that Caregiver A (CGA) had no qualifying hours of continuing education (CE) from 11/3/2023 to 11/3/2024 (a full birthday year). CGA needed 12 hours to fulfill the required twelve (12) hours of CE credits. To correct the issue, CGA substituted 12 hours of CE issued on 9/9/2025 (Nurse Delegation and Medication, Nutrition and Food Handling, DSHS Navigating Challenging Behaviors) and 9/10/2025 (Toileting, Infection control and Prevention, Person Centered Care) with the understanding that the same 12 hours may not be used towards the next birthday year CE requirement (11/3/2024 to 11/3/2025).

WAC 388-76-10795 Windows.

(1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:

(d) The window must be free from obstructions that might block or interfere with access for emergency escape or rescue.

On 10/7/2025, observation showed that the exit window in Bedroom [redacted] was blocked by Resident 4's bed and the exit window in Bedroom F was blocked by a large dresser. By the end of the inspection, the Provider relocated the dresser and Resident 4's bed away from the windows to correct the issue.

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WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

(d) Ensure the medical device is properly installed.

On 10/7/2025, observation showed that Resident 4 (R4) had a [redacted] installed. A review of R4's record revealed no documentation indicating that the [redacted] had been assessed for safe use by a Registered Nurse or a Physical Therapist. The Provider explained that they believed a doctor's order for the [redacted] was sufficient authorization for its use. In addition, the Negotiated Care Plan (NCP) for R4 did not address how they will use the [redacted]. On 10/8/2025, the Provider corrected the issue by emailing a signed [redacted] assessment by an RN. Additionally, the Provider also updated the NCP for R4 to include the [redacted] usage with a renewed signature from R4's representative.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately; and
• Complete correction as soon as possible.

You Are Not:
• Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
• Inspect the home to determine if you have corrected all deficiencies.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (253)208-3090.

Sincerely,

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

Rathana Duong, AFH Field Manager
Region 3, Unit A
Residential Care Services

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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