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

Golden Gate AFH LLC
GOLDENGATE AFH LLC
805 6th St SE
Auburn, WA 98002

RE: GOLDENGATE AFH LLC License # 757809

Dear Provider:

This letter addresses Compliance Determination(s) 68485 (Completion Date 11/26/2025) and 65458 (Completion Date 10/07/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/26/2025 and found that you have corrected the violations listed in the Complaint report dated 10/07/2025. Your home is back in compliance as of 10/09/2025 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-d

The Department staff who did the on-site verification:
Marites Gatan, NCI

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

Sincerely,

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

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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 an unannounced on-site complaint investigation on 09/10/2025 of:

GOLDENGATE AFH LLC
805 6th St SE
Auburn, WA 98002

This document references the following complaint number(s): 192434

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Alina Zaharie, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
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.**

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

(d) Receives medications as required.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to have a medication system in place to ensure 1 of 3 sampled residents (Resident 1) received medications as required. This failure put Resident 1 at risk of unmet medication needs and medication errors.

Findings included…

Record review of Resident 1's Negotiated Care Plan (NCP) dated 03/18/2025 showed the AFH admitted Resident 1 on [redacted]/2025. Resident 1 required assistance with medication management.

Record review of Resident 1's pharmacy generated August 2025 Medication Log showed Resident 1 was prescribed Fluoxetine 20 milligram (mg) tablet for Depression (persistent feelings of sadness, hopelessness, and loss of interest or pleasure in activities previously enjoyed) take one capsule by mouth every morning; Hydroxyzine 50 mg to treat Anxiety (group of mental disorders characterized by significant and uncontrollable feelings of fear) and Insomnia (difficulty getting enough sleep or trouble sleeping without interruption) take 1 tablet by mouth twice daily; Lisinopril 5 mg (medication used to treat high blood pressure) by mouth every morning; and Propranolol 10 mg (medication to treat high blood pressure and some types of

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Anxiety) by mouth three times daily.

A review of AFH records submitted to department staff on 09/10/2025, by Staff A at 11:21 AM, showed a faxed document received from Resident 1's local pharmacy. This showed a Medication discontinuation order sent by the Resident 1's pharmacy to AFH fax number, with a stamp date 08/26/2025 at 9:52 AM. This showed three medications; Fluoxetine; Hydroxyzine ; and Propranolol were discontinued on 08/25/2025. This order showed Lisinopril was not discontinued.

Record review, on 09/10/2025 at 11:21 AM, of Resident 1's Medication Log for month August 2025 and September 2025 showed that AFH Staff had administered Resident 1's discontinued medications until 09/03/2025. The medication log showed AFH Staff had handwritten a note ''DC 08/26/2025'' on the medication log for Fluoxetine, Hydroxyzine, Lisinopril and Propranolol.

During an interview on 09/10/2025 at 11:21 AM, Staff B (Caregiver), stated that they were not aware that Resident 1's medication had been discontinued on 08/26/2025 and that is why they continue to offer the medication to Resident 1.

During an interview on 09/10/2025 at 11:20 PM, Staff A (Provider) stated that Resident 1 refused to take their medications majority of the time. Staff A stated that Resident 1 had changed their Health Care Provider and did not notify the AFH staff. They had not been able to follow up with Resident 1's new provider. Staff A stated that they received Resident 1's discontinuation order on 09/03/2025.

During an interview on 10/02/2025 at 11:43 AM, Collateral Contact 1 stated that Resident 1's discontinuation order had been faxed to AFH fax facility number on 08/26/2025 at 9:52 AM.

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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, GOLDENGATE 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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