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

MARIA BARTOLOME
LORDS JOY ADULT FAMILY HOME
3242 S 296h Place
Auburn, WA 98001

RE: LORDS JOY ADULT FAMILY HOME License # 554203

Dear Provider:

This letter addresses Compliance Determination(s) 47814 (Completion Date 09/30/2024) and 42736 (Completion Date 08/13/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/30/2024 and found that you have corrected the violations listed in the Full report dated 08/13/2024. Your home is back in compliance as of 08/24/2024 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 388-76-10575-1-d, WAC 388-76-10255-1, WAC 388-76-10795-1-d, WAC 388-76-10750-1, WAC 388-76-10165, WAC 388-76-10165-1, WAC 388-76-10165-1-b, WAC 388-76-10135-4, WAC 388-112A-0610-1-f, WAC 388-76-10895-2-a, WAC 388-76-10490-1

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

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

Sincerely,

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

Statement of Deficiencies	License #: 554203	Compliance Determination # 42736
Plan of Correction	LORDS JOY ADULT FAMILY HOME	Completion Date
Page 1 of 12	Licensee: MARIA BARTOLOME	08/13/2024

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 06/13/2024 and 06/13/2024 of:
LORDS JOY ADULT FAMILY HOME
14641 Military Rd S
Tukwila, WA 98168

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 inspected the Adult Family Home:

Marites Gatan, 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

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

08/14/2024
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.

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

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The department completed data collection for the unannounced on-site full inspection on 06/13/2024 and 06/13/2024 of:
LORDS JOY ADULT FAMILY HOME
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Tukwila, WA 98168

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 inspected the Adult Family Home:

Marites Gatan, 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

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)

08/27/2024
Date

WAC 388-76-10575 Resident rights. Privacy.

(1) The adult family home must ensure the right of each resident to personal privacy that includes:

(d) Personal care; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to maintain privacy during personal care for 4 of 4 residents that occupied Bedrooms [redacted] and [redacted] (Residents 2, 3, 4 and 5). This failure placed the residents at risk for violation of privacy.

Findings included:

In an interview on 08/13/2024 at 11:21 AM, Staff C, Caregiver stated that there were five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH.

Bedroom [redacted]

In an interview on 08/13/2024 at 11:45 AM, Staff C stated that Resident 3 required total assistance with transfer, was incontinent and required nighttime assistance. Staff C stated that Resident 5 required total assistance with transfer, was incontinent and required nighttime assistance.

During the bedroom tour on 08/13/2024 at 12:35 PM, Bedroom [redacted] occupied by Resident 3 and Resident 5 had no privacy curtain in between the beds.

In an interview on 08/13/2024 at 2:06 PM, Staff C acknowledged that there was no privacy curtain in Bedroom [redacted]. Staff C stated that when they provided total assistance with personal care to Resident 3 and Resident 5, they would be in the same room.

Observation on 08/13/2024 at 2:29 PM, Staff C wheeled Resident 5 in their bedroom, transferred them to bed and undress them. Observed Resident 3 laid in bed, with eyes opened while Staff C provided care to Resident 5.

Provider (or Representative) Date

WAC 388-76-10575 Resident rights Privacy.

(1) The adult family home must ensure the right of each resident to personal privacy that includes:

(d) Personal care; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to maintain privacy during personal care for 4 of 4 residents that occupied Bedrooms [redacted] and [redacted] (Residents 2, 3, 4 and 5). This failure placed the residents at risk for violation of privacy.

Findings included…

In an interview on 06/13/2024 at 11:21 AM, Staff C, Caregiver stated that there were five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH.

Bedroom [redacted]

In an interview on 06/13/2024 at 11:45 AM, Staff C stated that Resident 3 required total assistance with transfer, was incontinent and required nighttime assistance. Staff C stated that Resident 5 required total assistance with transfer, was incontinent and required nighttime assistance.

During the bedroom tour on 06/13/2024 at 12:35 PM, Bedroom [redacted] occupied by Resident 3 and Resident 5 had no privacy curtain in between the beds.

In an interview on 06/13/2024 at 2:08 PM, Staff C acknowledged that there was no privacy curtain in Bedroom [redacted]. Staff C stated that when they provided total assistance with personal care to Resident 3 and Resident 5, they would be in the same room.

Observation on 06/13/2024 at 2:29 PM, Staff C wheeled Resident 5 in their bedroom, transferred them to bed and undress them. Observed Resident 3 laid in bed, with eyes opened while Staff C provided care to Resident 5.

Bedroom [redacted]

In an interview on 06/13/2024 at 11:46 AM, Staff C stated that Resident 4 was independent with transfer, was not incontinent and did not require nighttime assistance. Staff C stated that Resident 2 required total assistance with transfer, was incontinent and required nighttime assistance.

During the bedroom tour on 06/13/2024 at 12:43 PM, Bedroom [redacted] occupied by Resident 4 and Resident 2 had no privacy curtain in between the beds.

In an interview on 06/13/2024 at 1:57 PM, Staff C acknowledged that there were no privacy curtains in Bedroom [redacted] and Bedroom [redacted] Staff C stated that they provided care to the residents while the other residents were in the room.

In an interview on 06/13/2024 at 5:37 PM, Resident 4 stated that a privacy curtain in between the beds would be better.

Attestation Statement

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, LORDS JOY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) (8/27/2024).

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

Provider (or Representative) — Date: 08/27/2024

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.

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) had failed to ensure that 1 of 5 staff (Staff C, Caregiver) used correct infection control procedures when they provided care for residents in the AFH. This failure placed all current residents at risk of acquiring infectious disease.

Findings included:

Bedroom [redacted]

In an interview on 06/13/2024 at 11:46 AM, Staff C stated that Resident 4 was independent with transfer, was not incontinent and did not require nighttime assistance. Staff C stated that Resident 2 required total assistance with transfer, was incontinent and required nighttime assistance.

During the bedroom tour on 06/13/2024 at 12:43 PM, Bedroom [redacted] occupied by Resident 4 and Resident 2 had no privacy curtain in between the beds.

In an interview on 06/13/2024 at 1:57 PM, Staff C acknowledged that there were no privacy curtains in Bedroom [redacted] and Bedroom [redacted]. Staff C stated that they provided care to the residents while the other residents were in the room.

In an interview on 06/13/2024 at 5:37 PM, Resident 4 stated that a privacy curtain in between the beds would be better.

Attestation Statement

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

_____ _____

Provider (or Representative) Date

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;

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) had failed to ensure that 1 of 5 staff (Staff C, Caregiver) used correct infection control procedures when they provided care for residents in the AFH. This failure placed all current residents at risk of acquiring infectious disease.

Findings included…

In an interview on 06/13/2024 at 11:21 AM, Staff C, Caregiver stated that there were five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH.

Handwashing

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under “AFH Standard Precaution Table” was a guideline for Hand Hygiene and Staff Education. In the link “Hand Hygiene” step number four indicated to rinse hands with water and use disposable towels to dry. Use disposable towel to turn off the faucet.

Observation on 06/13/2024 at 1:48 PM showed Staff C washed hands with soap and water. Staff C dried their hands with paper towel, while holding the paper towel, they opened the under the sink cabinet and threw away the paper towel in the garbage. Staff C with their cleaned hands then closed the door of the sink cabinet.

In an interview on 06/13/2024 at 1:50 PM, Staff C could not identify what they did wrong in the process of handwashing.

Observation on 06/13/2024 at 4:26 PM showed Washington State Department of Health handwashing sign posted on the side of the kitchen cabinet. The sign indicated six steps to follow: wet, soap, wash, rinse, dry and turn off water with paper towel.

Observation on 06/13/2024 at 4:27 PM showed Staff C washed hands with soap and water. Staff C turned off the faucet with paper towel and threw away the paper towel. Staff C obtained another paper towel to dry their hands. Department staff showed Staff C the handwashing procedure posted in the AFH kitchen cabinet.

In an interview on 06/13/2024 at 4:28 PM, Staff C acknowledged the incorrect step that they should have dried their hands before turning off the faucet.

Changing Gloves

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under “AFH Standard Precaution Table” was a guideline for Hand Hygiene and Staff Education. In the link for “When to change gloves and clean hands” it stated that to change gloves if moving from work on a soiled body site to a clean body site on the same patient.

Observation on 06/13/2024 at 2:02 PM, showed Staff C removed the adult protective

underwear of Resident 2 and provided perineal care. Staff C still wearing the same gloves, attempted to obtained clean adult protective underwear when department staff had informed them to stop. Staff C realized what they had done and removed their gloves.

Attestation Statement

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, LORDS JOY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 8/24/2024

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

Provider (or Representative) — Date 8/24/2024

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.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 3 openable window in a bedroom (Bedroom [redacted]) identified as exit window for residents, was not blocked. This failure placed Resident 1 at risk of injury from delayed evacuation in the event of an emergency that required window evacuation.

Findings included..,

In an interview on 06/13/2024 at 11:21 AM, Staff C, Caregiver stated that there were five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH.

In an interview on 06/13/2024 at 11:45 AM, Staff C stated that Resident 1 required assistance with transfer, used walker as assistive device and required assistance with emergency evacuation.

Observation on 06/13/2024 at 2:27 PM, showed Bedroom [redacted], occupied by Resident 1 had shrub branches covering the openable side of the bedroom window. The shrub blocked

underwear of Resident 2 and provided perineal care. Staff C still wearing the same gloves, attempted to obtained clean adult protective underwear when department staff had informed them to stop. Staff C realized what they had done and removed their gloves.

Attestation Statement

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, LORDS JOY ADULT FAMILY HOME 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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This requirement was not met as evidenced by:

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Findings included…

In an interview on 06/13/2024 at 11:21 AM, Staff C, Caregiver stated that there were five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH.

In an interview on 06/13/2024 at 11:45 AM, Staff C stated that Resident 1 required assistance with transfer, used walker as assistive device and required assistance with emergency evacuation.

Observation on 06/13/2024 at 2:27 PM, showed Bedroom [redacted], occupied by Resident 1 had shrub branches covering the openable side of the bedroom window. The shrub blocked

the access for possible rescue.

In an interview on 06/13/2024 at 4:11 PM, Resident 1 acknowledged that the shrub was right outside the window opening. Resident 1 stated that it would not be easy for them to get out from that window that was blocked by shrub.

In an interview on 06/13/2024 at 6:15 PM, Staff A, Provider stated that they would remove the shrub outside of Bedroom [redacted].

Attestation Statement

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, LORDS JOY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 08/24/2024

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

Provider (or Representative) — Date 08/24/2024

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to keep the home's internal and external environment free of damage, pleasant, welcoming and free of hazards. These failures placed all residents at risk of injury from unsafe conditions and decreased quality of life.

Findings included...

Observation on 06/13/2024 at 11:17 AM, showed the front yard of the home was unkempt with several trash. The right side of the wood railing was broken with nails sticking out. The wood handrail and wood walkway had peeled paint.

In an interview on 06/13/2024 at 11:21 AM, Staff C, Caregiver stated that there were five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH.

the access for possible rescue.

In an interview on 06/13/2024 at 4:11 PM, Resident 1 acknowledged that the shrub was right outside the window opening. Resident 1 stated that it would not be easy for them to get out from that window that was blocked by shrub.

In an interview on 06/13/2024 at 6:15 PM, Staff A, Provider stated that they would remove the shrub outside of Bedroom [redacted].

Attestation Statement

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, LORDS JOY ADULT FAMILY HOME 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.

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Provider (or Representative) Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

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Findings included…

Observation on 06/13/2024 at 11:17 AM, showed the front yard of the home was unkempt with several trash. The right side of the wood railing was broken with nails sticking out. The wood handrail and wood walkway had peeled paint.

In an interview on 06/13/2024 at 11:21 AM, Staff C, Caregiver stated that there were five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH.

Observation on 06/13/2024 at 4:33 PM, showed kitchen door cabinets had peeled paint.

On 06/13/2024 at 6:15 PM, department staff showed Staff A, Provider, the broken railing with nails sticking out, the peeled paint on the handrail and the walkway.

In an interview on 06/13/2024 at 6:16 PM, Staff A stated that they would immediately repair the broken railing, would clean the front yard and would paint patches in this coming month.

Attestation Statement

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, LORDS JOY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 08/24/2024

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

Provider (or Representative) — Date: 08/24/2024

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:

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 5 current staff (Staff B, Resident Manager) had current valid background check. This failure placed all residents at risk for harm from staff with unknown criminal history.

Findings included...

In an interview on 06/13/2024 at 11:21 AM, Staff C, Caregiver stated that there were five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH.

Observation on 06/13/2024 at 4:33 PM, showed kitchen door cabinets had peeled paint.

On 06/13/2024 at 6:15 PM, department staff showed Staff A, Provider, the broken railing with nails sticking out, the peeled paint on the handrail and the walkway.

In an interview on 06/13/2024 at 6:16 PM, Staff A stated that they would immediately repair the broken railing, would clean the front yard and would paint patches in this coming month.

Attestation Statement

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, LORDS JOY ADULT FAMILY HOME 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.

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(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 5 current staff (Staff B, Resident Manager) had current valid background check. This failure placed all residents at risk for harm from staff with unknown criminal history.

Findings included…

In an interview on 06/13/2024 at 11:21 AM, Staff C, Caregiver stated that there were five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH.

In an interview on 06/13/2024 at 12:01 PM, Staff A, Provider stated that Staff B. worked part time.

Record review of Staff B's AFH personnel files showed that Staff B was hired on 12/01/2016. Staff B's background check expired on 10/28/2023.

In an interview on 06/13/2024 at 5:28 PM, Staff A stated that they forgot to complete the background check for Staff B.

Attestation Statement

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, LORDS JOY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 08/24/2024

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

Provider (or Representative) — Date: 08/24/2024

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;

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.

This requirement was not met as evidenced by:

In an interview on 06/13/2024 at 12:01 PM, Staff A, Provider stated that Staff B, worked part time.

Record review of Staff B's AFH personnel files showed that Staff B was hired on 12/01/2016. Staff B's background check expired on 10/28/2023.

In an interview on 06/13/2024 at 5:28 PM, Staff A stated that they forgot to complete the background check for Staff B.

Attestation Statement

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, LORDS JOY ADULT FAMILY HOME 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 388-76-10135 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;

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 .

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled staff (Staff C, Caregiver) had a current food handler training completed before they prepared food for residents in the home. This failure placed all five residents at risk for food borne illness.

Findings included…

In an interview on 06/13/2024 at 11:21 AM, Staff C, Caregiver stated that there were five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH.

In an interview on 06/13/2024 at 12:01 PM, Staff A, Provider stated that Staff C worked full time and live at the AFH.

Record review of Staff C's AFH personnel file showed they were hired 07/06/2015. Staff C 's food handler card expired on 01/26/2023. The food handler card expired a year ago.

Record Review of Amended April 12, 2023, "Dear Adult Family Home Provider" Letter stated that staff who do not have an active food handler's permit must take the .5 Continuing Education hours annually to maintain food handling and safety training. It stated that the training must occur prior to the staff handling food or providing food service in the AFH. The letter further stated that since the licensing inspection had resumed the department had to verify these requirements.

Observation on 06/13/2024 at 4:30 PM showed Staff C cooked fried rice for dinner.

In an interview on 06/13/2024 at 4:31 PM, Staff C stated that they cook for the residents every day.

Observation on 06/13/2024 at 4:52 PM showed Staff C prepared salad for the residents.

In an interview on 06/13/2024 at 5:00 PM, Staff C stated that they had a current food handler card and would send it to the department staff.

In an email received on 06/15/2024, Staff A attached Staff C's food worker card that was completed on 06/14/2024 (a day after the inspection) with an expiration date of 06/14/2026.

Attestation Statement

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, LORDS JOY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 8/24/2024

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

Provider (or Representative) — Date: 08/24/2024

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 observation and interview, the Adult Family Home (AFH) failed to conduct partial emergency evacuation drills at least every sixty days. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of harm and injury if an emergency requiring evacuation of the AFH occurred.

Findings included...

In an interview on 06/13/2024 at 11:21 AM, Staff C, Caregiver stated that there were five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH.

In an interview on 06/13/2024 at 11:46 AM, Staff C stated that all five residents required assistance with emergency evacuation.

Record review on 06/13/2024 of the AFH 2023 emergency evacuation drill records showed a completed drill on 12/09/2023. This was checked as every two months, and document as having two staff and five residents participated for a duration of three minutes.

Record review on 06/13/2024 of the AFH 2024 emergency evacuation drill showed a completed drill that lasted three minutes on 02/09/2024. This was marked as every two months with two staff and five residents who participated. A drill on 04/07/2024 marked, as every two months with two staff and five residents who participated for

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Provider (or Representative) Date

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(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 observation and interview, the Adult Family Home (AFH) failed to conduct partial emergency evacuation drills at least every sixty days. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of harm and injury if an emergency requiring evacuation of the AFH occurred.

Findings included…

In an interview on 06/13/2024 at 11:21 AM, Staff C, Caregiver stated that there were five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH.

In an interview on 06/13/2024 at 11:46 AM, Staff C stated that all five residents required assistance with emergency evacuation.

Record review on 06/13/2024 of the AFH 2023 emergency evacuation drill records showed a completed drill on 12/09/2023. This was checked as every two months, and document as having two staff and five residents participated for a duration of three minutes.

Record review on 06/13/2024 of the AFH 2024 emergency evacuation drill showed a completed drill that lasted three minutes on 02/09/2024. This was marked as every two months with two staff and five residents who participated. A drill on 04/07/2024 marked, as every two months with two staff and five residents who participated for

duration of three minutes and 52 seconds. Further review revealed there was no other drill performed after the drill on 04/07/2024.

In an interview on 06/13/2024 at 6:20 PM, Staff A, Provider stated that they would conduct an emergency evacuation drill the following day.

Attestation Statement

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, LORDS JOY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 08/24/2024.

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

Provider (or Representative) — Date: 08/24/2024

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a written policy that addressed disposal of expired medications for 1 of 2 sampled residents (Resident 1). This failure led to AFH still keeping expired medications for Resident 1 and placed the resident at risk of harm worsening conditions from taking expired medications.

Findings included...

Review of the AFH's undated medication disposal policy showed residents medications that were no longer use will be disposed of by incineration, putting in cat litter or used filtered coffee then throw in the garbage of by transfer to local pharmacy for destruction. The policy did not address how expired medications of current residents were disposed.

In an interview on 06/13/2024 at 11:21 AM, Staff C, Caregiver stated that there were five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH.

duration of three minutes and 52 seconds. Further review revealed there was no other drill performed after the drill on 04/07/2024.

In an interview on 06/13/2024 at 6:20 PM, Staff A, Provider stated that they would conduct an emergency evacuation drill the following day.

Attestation Statement

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, LORDS JOY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date)_____ .

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Provider (or Representative) Date

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In an interview on 06/13/2024 at 11:21 AM, Staff C, Caregiver stated that there were five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH.

In an interview on 06/13/2024 at 11:55 AM, Staff C stated that AFH staff provided medication assistance to Resident 1.

Record review on 06/13/2024 showed Resident 1's NCP dated 05/13/2024 showed they were admitted to the AFH on [redacted]/2023.

Review of Resident 1's June 2024 pharmacy generated medication log showed they were prescribed Senna (medication to treat constipation) 17.2 milligram (mg) every day as needed for constipation and Ondansetron (medication to prevent nausea and vomiting) 4 mg every six hours as needed for nausea/vomiting.

Observation on 06/13/2024 at 1:40 PM, revealed pharmacy dispensed bubble pack card (medications are placed within small, clear plastic bubbles secured by a strong, paper-backed foil that protects the pills until dispensed) labelled Senna with RX 9017928 with an expiration date of 05/01/2024. A bubble pack card labelled Ondansetron with RX 901792808 with an expiration date of 05/01/2024.

In an interview on 06/13/2024 at 1:42 PM, Staff C, had no response when informed regarding the current supply of expired medications and what the AFH medication disposal policy was.

Attestation Statement

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, LORDS JOY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 08/24/2024

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Provider (or Representative) — Date: 08/24/2024

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

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Provider (or Representative) Date