STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

OLYMPIA HARRIS
OLYMPIA ADULT FAMILY HOME
7301 MISSISSIPPI DR
VANCOUVER, WA 98664

RE: OLYMPIA ADULT FAMILY HOME License # 650700

Dear Provider:

This letter addresses Compliance Determination(s) 38256 (Completion Date 03/22/2024) and 35623 (Completion Date 01/31/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/22/2024 and found that you have corrected the violations listed in the Full report dated 01/31/2024. Your home is back in compliance as of 02/01/2024 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 388-76-10485-1

The Department staff who did the on-site verification:
Sarah Bjork, Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Statement of Deficiencies	License # 650700	Compliance Determination # 35623
Plan of Correction	OLYMPIA ADULT FAMILY HOME	Completion Date
Page 1 of 3	Licensee: OLYMPIA HARRIS	01/31/2024

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 01/23/2024 and 01/23/2024 of:
OLYMPIA ADULT FAMILY HOME
7301 MISSISSIPPI DR
VANCOUVER, WA 98664

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:

Sarah Bjork, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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: 02/01/2024

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.

Olympia Harris
Provider (or Representative)

2/1/24
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 observation and interview, the adult family home failed to ensure medications were stored securely for two of six residents (Resident 3/R3 and Resident 4/R4). This failure placed five of six residents who were ambulatory (Resident 1/R1, Resident 2/R2, Resident 3/R3, Resident 4/R4, and Resident 6/R6) at risk of misusing medications and/or accessing medications not intended for their use.

Findings included...

An initial interview with the provider took place at 10:32 AM, during a full inspection at the adult family home on 01/23/2024. The provider stated R1, R2, R3 and R6 could ambulate around the home independently, R4 required standby assistance, and R5 was dependent on staff to transfer and ambulate. The provider stated all six residents were able to speak but had confusion due to dementia. The provider stated all six residents required assistance with medications. The provider stated R1 had a history of wandering around the home.

During a tour of the home at 10:45 AM on 01/23/2024, multiple plastic medication cups filled with various medication tablets were observed in stacked piles on a small table in R4's bedroom. At 12:00 PM, two boxes of eye drops were observed on a small bedside table in R3's bedroom. None of the medications were stored securely to prevent unauthorized access.

At 12:00 PM on 01/23/2024, the provider stated that R3 and R4 were "particular" and "wanted what they wanted" regarding keeping medications in their room. The provider stated R3 had anxiety if the eye drops were not within R3's sight. The provider stated R4 had behaviors which included refusing to allow staff to clean their bedroom, refusing medications, and refusing to allow staff to remove the refused medications. The provider reported that R4's physician was aware of the resident's refusal. The provider stated she would work with the residents to come up with a safe medication storage plan.

On 01/24/2024 at 4:20 PM, the provider sent an image with showed R3's eye drops were stored in a lock box inside R3's bedside table drawer

Statement of Deficiencies	License #: 650700	Compliance Determination #: 35523
Plan of Correction	OLYMPIA ADULT FAMILY HOME	Completion Date
Page 3 of 3	Licensee: OLYMPIA HARRIS	01/31/2024

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, OLYMPIA ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 2/1/24

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

Olympia Harris — Provider (or Representative)

2/1/24 — Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

02/01/2024

OLYMPIA HARRIS
OLYMPIA ADULT FAMILY HOME
7301 MISSISSIPPI DR
VANCOUVER, WA 98664

RE: OLYMPIA ADULT FAMILY HOME # 650700

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/31/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200

Vancouver, WA 98684

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10715 Doors Ability to open. The adult family home must ensure:

(1) Every bedroom and bathroom door opens from the inside and outside;

The door knob on Resident 1's door was installed backwards and could be locked from the outside. The provider installed a door knob with no locking mechanism promptly.

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

A dog that visited the adult family home had a rabies vaccination that expired 03/2022. An updated rabies vaccination record was received on 1/30/2024 which showed the dog had been vaccinated and would be due again on 01/29/2027.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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 (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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 the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services

PO Box 45600
Olympia, WA 98504-5600