STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

***3906-172nd St NE, Suite #100, Arlington, WA 98223***

11/13/2023

LISA ANDERSON
JOSHUAS HOUSE
1809 TOWNSHIP ST
SEDRO WOOLLEY, WA 98284

RE: JOSHUAS HOUSE License # 750071

Dear Provider:

This letter addresses Compliance Determination(s) 32214 (Completion Date 11/08/2023) and 30023 (Completion Date 10/05/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/08/2023 and found that you have corrected the violations listed in the Complaint report dated 10/05/2023. Your home is back in compliance as of 10/31/2023 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 388-76-10510-2, WAC 388-76-10510-6

The Department staff who did the on-site verification:
Patricia Young, Community Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn

Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** JOSHUAS HOUSE
**Provider Type:** Adult Family Home
**License/Cert.#:** 750071
**Compliance Determination #:** 30023
**Intake ID:** 97801
**Investigator:** Patricia Young
**Region/Unit #:** RCS Region 2 / Unit B
**Investigation Date(s):** 09/26/2023 through 10/05/2023
**Complainant Contact Date(s):** 09/25/2023, 09/27/2023

**Allegation(s):**
1. The Adult Family Home (AFH) caregivers were disrespectful to the named resident.

**Investigation Methods:**

**Sample:**
Total residents: 6
Resident sample size: 4
Closed records sample size: 0

**Observations:**
Identified resident
Residents
Resident rooms
Staff to resident interactions

**Interviews:**
Identified resident
Identified staff
Residents
Family members

**Record Reviews:**
Facility records
Resident records
Employee records

**Investigation Summary:**
1. The named resident stated they did not feel respected in the AFH. The named resident stated they did not like living at the AFH. One sampled caregiver admitted they were disrespectful to the named resident out of frustration. Failed practice cited.

**Conclusion / Action:**

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** JOSHUAS HOUSE
**Provider Type:** Adult Family Home
**License/Cert.#:** 750071
**Compliance Determination #:** 30023
**Intake ID:** 99870
**Investigator:** Patricia Young
**Region/Unit #:** RCS Region 2 / Unit B
**Investigation Date(s):** 09/26/2023 through 10/05/2023
**Complainant Contact Date(s):** 09/27/2023, 10/05/2023

**Allegation(s):**
1. The Adult Family Home (AFH) caregivers were disrespectful to the named resident.

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| | | |
|---|---|---|
| Statement of Deficiencies | License #: 750071 | Compliance Determination # 30023 |
| Plan of Correction | JOSHUAS HOUSE | Completion Date |
| Page 1 of 3 | Licensee: LISA ANDERSON | 10/05/2023 |

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 09/26/2023 and 09/26/2023 of:

JOSHUAS HOUSE
1809 TOWNSHIP ST
SEDRO WOOLLEY, WA 98284

This document references the following complaint number(s): 97801, 99870, 99776

The following sample was selected for review during the unannounced on-site visit: 4 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Patricia Young, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Nicholette Flynn
Residential Care Services

10/16/2023
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.

| Statement of Deficiencies | License #: 750071 | Compliance Determination # 30023 |
|---|---|---|
| Plan of Correction | JOSHUAS HOUSE | Completion Date |
| Page 2 of 3 | Licensee: LISA ANDERSON | 10/05/2023 |

Provider (or Representative) Date

**WAC 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:**

(2) Is treated with courtesy, dignity, and respect;

(6) Is cared for in a manner that enhances or maintains the resident's quality of life;

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

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 6 residents (Residents 1) was treated with courtesy, dignity, and respect. This failure resulted in Resident 1 experiencing emotional harm and decreased quality of life when they were accused of purposefully urinating on themselves.

Findings Included...

Record review of Resident 1's undated information sheet showed they were admitted to the AFH [redacted]/2021 with multiple health diagnoses [redacted] and [redacted].

During an interview on 09/25/2023 at 01:23 PM, Collateral Contact 1 (CC1) (Physical Therapy Assistant) stated that Staff B (Caregiver) was disrespectful to Resident 1. CC1 stated that Staff B told Resident 1 they urinated in their pants on purpose. CC1 stated that Resident 1 asked Staff B to go to the bathroom and Staff B stated they just went and would have to wait.

During an interview on 09/26/2023 at 09:26 AM, Resident 1 stated that they did not feel respected by the caregivers at the AFH. Resident 1 stated they did not like living at the AFH.

During an interview on 09/26/2023 at 10:20 AM, Staff A (Entity Representative) stated that the caregivers were respectful to the residents. Staff A stated that they never heard any complaints that the caregivers were not respectful to the residents from anyone.

During an interview on 09/29/2023 at 03:25 PM, Staff B stated that they accused Resident 1 of urinating in their pants on purpose. Staff B stated that they said "I can't believe you just did that. You did that on purpose" to Resident 1 out of frustration. Staff B stated that they tried to get a urine sample from Resident 1 four times in the bathroom. Staff B stated that they said this in front of a home health worker. Staff B stated they walked out of the

| Statement of Deficiencies | License #: 750071 | Compliance Determination # 30023 |
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| Page 3 of 3 | Licensee: LISA ANDERSON | 10/05/2023 |

room to calm down.

**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, JOSHUAS HOUSE is or will be in compliance with this law and / or regulation on (Date) 10/31/23 .

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

L. Anderson 10/18/23

Provider (or Representative) Date