STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Dodd's Adult Family Care LLC

Dodd's Adult Family Care LLC
831 Rowland Dr SE
Olympia, WA 98513

RE: Dodd's Adult Family Care LLC License # 750914

Dear Provider:

This letter addresses Compliance Determination(s) 30463 (Completion Date 10/18/2023) and 27219 (Completion Date 08/30/2023).

The Department completed a follow-up inspection of your Adult Family Home on 10/18/2023 and found that you have corrected the violations listed in the Full report dated 08/30/2023. Your home is back in compliance as of 09/23/2023 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 388-76-10265-1-d, WAC 388-76-10360

The Department staff who did the on-site verification:
Andria Underwood, LTC Surveyor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster, Field Manager
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

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 07/26/2023 and 07/26/2023 of:
Dodd's Adult Family Care LLC
831 Rowland Dr SE
Olympia, WA 98513

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Andria Underwood, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Jennifer LeMaster
Residential Care Services

09/01/2023
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.

Provider (or Representative) Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 2 caregivers (Caregiver 1 and Caregiver 2) completed Tuberculosis testing within 3 days of employment. This failure placed all residents at risk for being cared for by someone with unknown tuberculosis status.

Findings included…

Record review of staff records showed Caregiver 2 was hired on 07/15/2023. Caregiver 2's records did not have any documentation showing tuberculosis testing had been completed.

Record review showed Caregiver 1 was hired on 11/16/2018. Caregiver 1's Tuberculosis testing was completed on 08/02/2018 and 08/07/2018, which was before they were hired at AFH. There was no record of any documentation of Tuberculosis testing after Caregiver 1 was hired.

During interview with resident manager on 07/26/2023 they thought Caregiver 2 did complete Tuberculosis testing and would follow up with Provider to get documentation. Resident Manger confirmed Caregiver 1 did not have any other Tuberculosis testing completed.

On 07/28/2023 at 04:48 PM a fax was received from Provider with copy of Caregiver 2's first Tuberculosis test which was completed on 07/26/2023.

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, Dodd's Adult Family Care 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

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on record review and interview. The Adult Family Home (AFH) failed to complete a Negotiated Care Plan (NCP) within 30 days of admission for 1 of 5 residents (Resident 3). The failure placed Resident 3 at risk for not receiving appropriate care.

Findings included…

Record review of Resident 3's documentation showed they were admitted to the AFH on [redacted]/2021. Resident 3's initial NCP was completed on 05/10/2021.

During interview with Resident Manager on 07/26/2023 at 11:15 AM, they confirmed this was the correct admission date and completion date of NCP for Resident 3.

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, Dodd's Adult Family Care 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