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

CJ ADULT FAMILY HOME LLC
CJ ADULT FAMILY HOME LLC
406 RIDGEVIEW LP
LACEY, WA 98513

RE: CJ ADULT FAMILY HOME LLC License # 751475

Dear Provider:

This letter addresses Compliance Determination(s) 30089 (Completion Date 09/28/2023) and 26601 (Completion Date 08/14/2023).

The Department completed a follow-up inspection of your Adult Family Home on 09/28/2023 and found that you have corrected the violations listed in the Full report dated 08/14/2023. Your home is back in compliance as of 09/15/2023 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 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10355-4, WAC 388-76-10265-1-d, WAC 388-76-10895-1

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,

for

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

Statement of Deficiencies	License #: 751475	Compliance Determination # 26601
Plan of Correction	CJ ADULT FAMILY HOME LLC	Completion Date
Page 1 of 6	Licensee: CJ ADULT FAMILY HOME LLC	08/14/2023

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 the unannounced on-site full inspection on 07/07/2023 and 07/07/2023 of:
CJ ADULT FAMILY HOME LLC
1809 LEBANON ST SE
LACEY, WA 98503

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

08/17/2023
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 #: 751475	Compliance Determination # 26601
Plan of Correction	CJ ADULT FAMILY HOME LLC	Completion Date
Page 2 of 6	Licensee: CJ ADULT FAMILY HOME LLC	08/14/2023

Provider (or Representative) Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

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

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on record review, observations and interview, the Adult Family Home failed to keep an accurate medication log and medication supply for 5 of 6 residents (Resident 1, Resident 3, Resident 4, Resident 5, and Resident 6). This failure placed Resident 1, Resident 3, Resident 4, Resident 5, and Resident 6 at risk for not receiving medications as prescribed.

Findings included...

Resident 1
Record review of Medication Administration Record (MAR) dated July 2023 showed Resident 1 had a prescription for 650 milligrams of a pain relief medication.

Observation of Resident 1's medication supply on 07/07/2023 at 11:40 AM showed their pain relief medication in supply was 500 milligrams.

In an interview with Resident Manager and Provider on 07/07/2023 at 11:47 AM, they said they did not notice the bottle of pain medication for Resident 1 was less than what was prescribed.

Resident 3
Record review of Resident 3's MAR dated July 2023 showed they had prescriptions for a skin cream and an antacid medication.

Observations on 07/07/2023 at 11:50AM showed these medications were not in Resident 3's medication supply.

During interview with Resident Manager and Provider on 07/07/2023 at 11:57 AM, they stated the skin scream and antacid medications were discontinued so were no longer being used. The Provider stated they did not have documentation showing these two medications were discontinued.

Resident 4
Record review of Medication Administration Record (MAR) dated July 2023 showed Resident 4 had a prescription for 650 milligrams of a pain relief medication.

Observation of Resident 4's medication supply on 07/07/2023 at 11:42 AM showed their pain relief medication in supply was 500 milligrams.

In an interview with Resident Manager and Provider on 07/07/2023 at 11:47 AM, they said they did not notice the bottle of pain medication for Resident 4 was less than what was prescribed.

Resident 5
Record review of MAR dated July 2023 for Resident 5 showed they had prescriptions for an ear drop prescription and a topical powder.

Observations on 07/07/2023 at 11:58 AM showed these medications were not in Resident 5's medication supply.

During interview with Resident Manager and Provider on 07/07/2023 at 12:00 AM, they said the ear drops were completed on 04/06/2023 but had not been taken off the MAR yet. Regarding the topical powder, Resident Manager said they had not received it from the pharmacy yet but would call to follow up on getting this medication.

Resident 6
Record review of Resident 6's MAR for July 2023 showed they were prescribed a topical powder to be applied twice a day for 14 days. The MAR showed this medication was administered beyond the ordered 14 days. Resident 6's MAR also showed they were prescribed a medication for rectal gel and an inhaler.

Observations on 07/07/2023 at 11:25 AM showed the rectal gel and inhaler were not present in Resident 6's medication supply.

Statement of Deficiencies	License #: 751475	Compliance Determination # 26601
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During interview with Provider on 07/07/2023 at 11:30 AM, they said they used Resident 6's topical powder as an as-needed (PRN) medication. The Provider stated they did not have any documentation from Resident 6's physician that they could continue using the topical powder as a PRN medication. The Provider stated they did not know why the rectal gel and inhaler were not in Resident 6's medication supply.

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, CJ ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) Sept 15, 2023

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

Provider (or Representative) 9-13-23 Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to keep medical information updated in the Negotiated Care Plan (NCP) for 1 of 6 residents (Resident 5). This failure placed Resident 5 at risk for not receiving correct medical care.

Findings included..

Record review of Resident 5's assessment dated 07/15/2022 showed they were to use oxygen nightly. Review of Resident 5's current NCP last updated and reviewed by their representative on 07/20/2022 did not have any mention that Resident 5 was using oxygen nightly.

During interview with Provider and Resident Manager on 07/07/2023 at 11:34 AM, they said Resident 5 was not using oxygen nightly and they only used oxygen if their blood oxygen saturation levels (measure of how much oxygen is circulating in the blood) were low. Provider stated they did not have any documentation from Resident 5's physician showing to only use oxygen when their blood oxygen saturation levels were low. Provider confirmed they did not have any documentation regarding Resident 6's oxygen use in their NCP.

Statement of Deficiencies	License #: 751475	Compliance Determination # 25601
Plan of Correction	CJ ADULT FAMILY HOME LLC	Completion Date
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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, CJ ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 9 Sept 2023

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

Celi Hom
Provider (or Representative)

Sept 13, 2023
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 have 1 of 2 staff members (Caregiver 1) complete Tuberculosis testing within 3 days of employment. The failure placed all residents at risk for being cared for by a caregiver with unknown Tuberculosis status.

Findings included...

Record review of Caregiver 1's file it showed their date of hire was 04/17/2023. As of 07/07/2023 there were no records showing a tuberculosis skin or blood test had been completed.

During interview with Provider on 07/07/2023 at 12:30 PM, they said they did not have records of Caregiver 1 completing any Tuberculosis testing but thought they had completed it

Attestation Statement

Statement of Deficiencies	License #: 751475	Compliance Determination # 26601
Plan of Correction	CJ ADULT FAMILY HOME LLC	Completion Date
Page 6 of 6	Licensee: CJ ADULT FAMILY HOME LLC	08/14/2023

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, CJ ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 13 Sept 2023

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

Celi Jon — Provider (or Representative)

9-13-2023 — Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation. The adult family home must ensure:

(1) Emergency evacuation drills occur during random staffing shifts at least every two months; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to complete partial emergency evacuation drills every 60 days. The failure placed all residents at risk of harm from not knowing what to do in case of emergency.

Findings included...

Administrative record review showed emergency evacuation drills were completed on 03/06/2023, 12/03/2022, 09/10/2022, and 06/02/2022.

During interview with Resident Manager on 07/07/2023 at 01:00PM, they confirmed these were the only times they had completed emergency evacuation drills. Resident Manager said they had just forgotten to complete a drill every 60 days.

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, CJ ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 9-13-23.

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

Celi Jon — Provider (or Representative)

9-13-23 — Date

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

08/17/2023

CJ ADULT FAMILY HOME LLC
CJ ADULT FAMILY HOME LLC
406 RIDGEVIEW LP
LACEY, WA 98513

RE: CJ ADULT FAMILY HOME LLC # 751475

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/14/2023 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:

Jennifer LeMaster, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1

Tumwater, WA 98501

- 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 388-76-10475 Medication Log. The adult family home must:

(2) Include in each medication log the:

(e) Approximate time the resident must take each medication.

The Adult Family Home failed to write down the time of day as-needed (PRN) medications were administered. The Provider and Resident Manager stated they understood the requirement to add what times they gave residents their PRN medications and would do so going forward.

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)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Field Manager
Region 3, Unit G
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:
Jennifer LeMaster, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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