STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

ST JUDE THADDEUS AFH LLP
ST JUDE THADDEUS ADULT FAMILY HOME LLP
4212 191ST ST SW
LYNNWOOD, WA 98036

RE: ST JUDE THADDEUS ADULT FAMILY HOME LLP License # 751596

Dear Provider:

This letter addresses Compliance Determination(s) 39507 (Completion Date 04/05/2024) and 38438 (Completion Date 03/18/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/05/2024 and found that you have corrected the violations listed in the Full report dated 03/18/2024. Your home is back in compliance as of 03/17/2024 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 388-76-10015-1

The Department staff who did the off-site verification:
Olga Petrov, NCI

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 751596	Compliance Determination # 38438
Plan of Correction	ST JUDE THADDEUS ADULT FAMILY HOME LLP	Completion Date
Page 1 of 3	Licensee: ST JUDE THADDEUS AFH LLP	03/18/2024

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 03/12/2024 and 03/12/2024 of:
ST JUDE THADDEUS ADULT FAMILY HOME LLP
4212 191ST ST SW
LYNNWOOD, WA 98036

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Olga Petrov, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourque — Residential Care Services
03/28/2024 — 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.

Statement of Deficiencies	License #: 751596	Compliance Determination # 38438
Plan of Correction	ST JUDE THADDEUS ADULT FAMILY HOME LLP	Completion Date
Page 2 of 3	Licensee: ST JUDE THADDEUS AFH LLP	03/18/2024

Provider (or Representative) — Date: March 17, 2024

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to provide respiratory training, and respirator fit testing for 5 of 5 staff (Staff A, Entity Representative, Staff B, C, D, and E, Caregivers). These failures placed 4 of 4 current residents (Resident 1,2 ,3 and 4) and staff at risk for illness and infection.

Findings included...

Review of Washington State Department of Health (DOH), "Respiratory Protection Program for Long-Term Care Facilities", undated, showed healthcare employees must complete the facility's site-specific respirator training and fit testing before their first use of the respirator (WAC 296-842-16005), then annually. DOH also stated that In accordance with WAC 296-842-16005 and WAC 296-842-22010, facilities need to provide respirator fit testing for tight-fitting respirators.

Record review of the AFH COVID-19 (illness that can be transmitted from person to person through respiratory droplets when infected people cough, sneeze, or talk) AFH disaster plan and infection prevention policy, undated, showed no record of facility's site-specific respirator training before their first use of the respirator, then annually.

In an interview, on 03/12/2024 at 1:20 PM, Staff A stated that they had not completed fit testing and/or had a medical clearance for all the caregivers.

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, ST JUDE THADDEUS ADULT FAMILY HOME LLP is or will be in compliance with this law and / or regulation on (Date) March 17, 2024

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

Statement of Deficiencies	License #: 751596	Compliance Determination # 38438
Plan of Correction	ST JUDE THADDEUS ADULT FAMILY HOME LLP	Completion Date
Page 3 of 3	Licensee: ST JUDE THADDEUS AFH LLP	03/18/2024

Provider (or Representative) — Date: March 27, 2024

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

03/28/2024

ST JUDE THADDEUS AFH LLP
ST JUDE THADDEUS ADULT FAMILY HOME LLP
4212 191ST ST SW
LYNNWOOD, WA 98036

RE: ST JUDE THADDEUS ADULT FAMILY HOME LLP # 751596

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/18/2024 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:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

- 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:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

The adult family home failed to ensure the Resident 1's daily medication log included the correct dosage of one of their medications. However, Resident 1 received the right dosage of that medication. The Staff D, Caregiver stated that they made a mistake when they transcribed the medication order.

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 (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

Enclosure

Plan (Plan of Correction)

ST JUDE THADDEUS ADULT FAMILY HOME LLP # 751596
03/18/2024
Page 3 of 3

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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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