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

ELLA BLLA LLC
ELLA BLLA LLC
2330 189TH PL SW
LYNNWOOD, WA 98036

RE: ELLA BLLA LLC License # 751953

Dear Provider:

This letter addresses Compliance Determination(s) 35344 (Completion Date 01/17/2024) and 33731 (Completion Date 12/27/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/17/2024 and found that you have corrected the violations listed in the Complaint report dated 12/27/2023. Your home is back in compliance as of 01/11/2024 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 388-76-10225-2-f, WAC 388-76-10380-4, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10375

The Department staff who did the on-site verification:
Spomenka Hodzic, 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

Residential Care Services
Investigation Summary Report

Provider/Facility: ELLA BLLA LLC
Provider Type: Adult Family Home
License/Cert.#: 751953
Compliance Determination #: 33731
Intake ID: 108094
Investigator: Spomenka Hodzic
Region/Unit #: RCS Region 2 / Unit I
Investigation Date(s): 12/11/2023 through 12/27/2023
Complainant Contact Date(s): 12/27/2023

Allegation(s):

1. The Adult Family Home (AFH) failed to report hospitalization of the Named Resident (NR) to the Department's case manager.
2. AFH failed to keep NR's negotiated care plan current with care and services they were providing.
3. The AFH failed to list blood sugar checks and insulin listed on NR's medication log.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 2 Closed records sample size: 0
Observations:	Adult Family Home Environment, Resident Appearance, Resident to Staff Interaction, Direct Resident Care.
Interviews:	Residents, Staff, Provider, Resident Representatives.
Record Reviews:	Resident Records, Medications, Third Party Provider Notes.

Investigation Summary:

1. Observation showed the Adult Family Home (AFH) had five residents in their care. In an interview, the NR and Sample Residents reported getting good care in the AFH. In an interview, NR's legal representative reported that NR received excellent care in the AFH and that they could no be any happier with care. NR's medical record review showed that the NR was hospitalized between [redacted]/2023 and [redacted]/2023. In an interview, the Provider reported that they did not know who the NR's case manager was, and this was the reason they did not report NR's hospitalization. Please refer to SOD written on 12/27/2023.
2. Record review of residents' negotiated care plans (NCP) showed that AFH did not keep timely review and update process on all the NCPs as required. In an interview, the Provider stated that they hired nurse to help them with review process, but the nurse was still working on it. Please refer to SOD written on 12/27/2023.
3. Record review of the NR's medical records showed that insulin and blood sugars checks were discontinued by the NR's medical provider.

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: ELLA BLLA LLC
Provider Type: Adult Family Home
License/Cert.#: 751953
Compliance Determination #: 33731
Intake ID: 106311
Investigator: Spomenka Hodzic
Region/Unit #: RCS Region 2 / Unit I
Investigation Date(s): 12/11/2023 through 12/27/2023
Complainant Contact Date(s): 12/27/2023

Allegation(s):

1. The Adult Family Home (AFH) failed to report hospitalization of the Named Resident (NR) to the Department's case manager.
2. AFH failed to keep NR's negotiated care plan current with care and services they were providing.
3. The AFH failed to list blood sugar checks and insulin listed on NR's medication log.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 2 Closed records sample size: 0
Observations:	Adult Family Home Environment, Resident Appearance, Resident to Staff Interaction, Direct Resident Care.
Interviews:	Residents, Staff, Provider, Resident Representatives.
Record Reviews:	Resident Records, Medications, Third Party Provider Notes.

Investigation Summary:

1. Observation showed the Adult Family Home (AFH) had five residents in their care. In an interview, the NR and Sample Residents reported getting good care in the AFH. In an interview, NR's legal representative reported that NR received excellent care in the AFH and that they could no be any happier with care. NR's medical record review showed that the NR was hospitalized between [redacted]/2023 and [redacted]/2023. In an interview, the Provider reported that they did not know who the NR's case manager was, and this was the reason they did not report NR's hospitalization. Please refer to SOD written on 12/27/2023.
2. Record review of residents' negotiated care plans (NCP) showed that AFH did not keep timely review and update process on all the NCPs as required. In an interview, the Provider stated that they hired nurse to help them with review process, but the nurse was still working on it. Please refer to SOD written on 12/27/2023.
3. Record review of the NR's medical records showed that insulin and blood sugars checks were discontinued by the NR's medical provider.

Conclusion / Action:

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

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

Statement of Deficiencies	License #: 751953	Compliance Determination # 33731
Plan of Correction	ELLA BLLA LLC	Completion Date
Page 1 of 6	Licensee: ELLA BLLA LLC	12/27/2023

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 12/11/2023 and 12/11/2023 of:

ELLA BLLA LLC
2330 189TH PL SW
LYNNWOOD, WA 98036

This document references the following complaint number(s): 108094, 106311

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 investigated the Adult Family Home:

Spomenka Hodzic, 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

12/27/2023
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) 01/11/24 Date

WAC 388-76-10225 Reporting requirement.

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

(f) The resident's case manager if the resident is a department client.

This requirement was not met as evidenced by:

Based on observation, interviews and record review, the Adult Family Home (AFH) failed to report significant change in resident's condition and their hospitalization to the Department's case manager. This failure placed 1 of 5 Residents (Resident 2) at risk from unassessed changes in medical condition and unmet care needs.

Findings included...

Observation, on 12/11/2023 at 11:35 AM, showed that Resident 2 was living in the AFH and was receiving care and various services by the AFH staff.

Record review of the Resident 2's assessment, dated 11/09/2023, showed that Resident 2 had multiple medical diagnoses including [redacted] and [redacted]

Record review of the Resident 2's negotiated care plan, dated 11/20/2022, showed that Resident 2 was admitted to the AFH on [redacted]/2022 with multiple medical diagnoses including [redacted] Record review showed that Resident 2 had a history of urinary tract infections (an infection of any part of the urinary system).

Record review of Resident 2's the hospital records, dated [redacted]/2023, showed that Resident 2 was hospitalized at the local hospital from [redacted]/2023 through [redacted]/2023 for the cellulitis of an unspecified site. Review showed Resident 2 also had two emergency room visits on 07/01/2023 and 08/22/2023, without a hospital admission.

In an interview, on 12/06/2023 at 9:38 AM, Collateral Contact 1 (CC1), Department's case

manager, reported that they did not get notified of Resident 2's change in condition that required emergency room visits and the hospitalization. CC1 reported that the AFH was paid for the care of Resident 2 by the Department while in the hospital because Department was not notified of their hospitalization.

In an interview, on 12/11/2023 at 11:54 AM, Staff A, Provider, stated that they did not notify Department of Resident 2's hospitalization because they did not know who their case manager was.

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, ELLA BLLA LLC is or will be in compliance with this law and / or regulation on (Date) 01-11-2024.

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

Provider (or Representative) 01-11-2024 Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to review and update the negotiated care plan (NCP) for 3 of 5 residents (Resident 1, 2 and 4) at least every twelve months. This failure placed Residents 1, 2 and 4 at risk for unrecognized and unmet care needs.

Findings included...

Observation, on 12/11/2023 at 11:35 AM, showed that Residents 1, 2 and 4 were living in the AFH and receiving care and various services by the AFH staff.

<Resident 1>

Record review of Resident 1's NCP, dated 11/05/2022, showed that AFH admitted Resident 1 on [redacted]/2020 with multiple medical diagnoses including [redacted]

[redacted] and [redacted] Review showed that their NCP was reviewed on 11/05/2022 and signed only by the Staff B, Co- Provider, on 11/06/2022. Resident 1's NCP was thirty-six days overdue.

<Resident 2>

Record review of the Resident 2's NCP, dated 11/20/2022, showed that Resident 2 was admitted to the AFH on [redacted]/2022 with multiple medical diagnoses including [redacted] Record review showed that Resident 2 had a history of urinary tract infections (an infection of any part of the urinary system). Review showed that their NCP was reviewed on 11/20/2022 and signed by Staff A and Resident 2's representative. Resident 2's NCP was twenty-one days overdue.

<Resident 4>

Record review of Resident 4's NCP, dated 10/28/2022, showed that Resident 4 was admitted to the AFH on [redacted]/2022 with multiple medical diagnoses including [redacted] and [redacted] Review showed that Resident 4's NPC was reviewed and signed on 11/04/2022 by the Staff A, Provider, and Resident 4. Resident 4's NCP was fourteen days overdue.

In an interview, on 12/11/2023 at 11:54 AM, Staff A stated that the nurse they hired was late working on reviewing and updating the NCP's for Resident 1, 2 and 4.

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, ELLA BLLA LLC is or will be in compliance with this law and / or regulation on (Date) 01/11/2024 .

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

Provider (or Representative) — Date: 01/11/24

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that the negotiated care plan (NCP) was agreed upon, signed, and dated by 1 of 5 Residents (Resident 5). This failure placed Resident 5 at risk of harm from not being able to choose the care and services to meet their needs.

Findings included...

Observation, on 12/11/2023 at 11:35 AM, showed that Resident 5 was living in the AFH and receiving care and various services by the AFH staff.

Record review of Resident 5's NPC, dated 05/27/2023, showed that Resident 5 was admitted to the AFH on [redacted]/2023 with multiple medical diagnoses including [redacted] and [redacted]

Record review showed that Resident 5's NCP was not available for review to the Department at the time of the onsite visit on 12/11/2023.

In an interview, on 12/11/2023 at 11:54 AM, Staff A, Provider, stated that all the NCPs were under review with the nurse they hired to help them revise resident's NCPs. Staff A attempted to contact the nurse during Department's visit, but without the success. Staff A stated that they would email Resident 5 NCP to the Department once they get hold of the nurse and the record.

Record review of the email received on 12/18/2023 from Staff A showed Resident 5's NCP was not signed by Resident 5 nor Staff A.

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, ELLA BLLA LLC is or will be in compliance with this law and / or regulation on (Date) 1/11/24 .

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

Statement of Deficiencies	License #: 751953	Compliance Determination # 33731
Plan of Correction	ELLA BLLA LLC	Completion Date
Page 6 of 6	Licensee: ELLA BLLA LLC	12/27/2023

Provider (or Representative)

01-11-2024
Date