



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**PO Box 99250, Lakewood, WA 98496**

Golden Age Adult Family Home LLC  
Golden Age Adult Family Home LLC  
4515 N Bristol  
Tacoma, WA 98407

RE: Golden Age Adult Family Home LLC License # 751994

Dear Provider:

This letter addresses Compliance Determination(s) 29769 (Completion Date 09/28/2023) and 28042 (Completion Date 08/18/2023).

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 Follow up report dated 08/18/2023. Your home is back in compliance as of 09/01/2023 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 388-76-10475-1

The Department staff who did the on-site verification:  
Scotti Bower, AFH Licensors

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager  
Region 3, Unit A  
Residential Care Services



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
PO Box 99250, Lakewood, WA 98496

DSHS RCS REG. 3  
LAKEWOOD

SEP 11 2023

RECEIVED

|                           |                                            |                                  |
|---------------------------|--------------------------------------------|----------------------------------|
| Statement of Deficiencies | License #: 751994                          | Compliance Determination # 28042 |
| Plan of Correction        | Golden Age Adult Family Home LLC           | Completion Date                  |
| Page 1 of 3               | Licensee: Golden Age Adult Family Home LLC | 08/18/2023                       |

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 follow-up on 08/17/2023, 08/17/2023, and 08/17/2023 of:

Golden Age Adult Family Home LLC  
4515 N Bristol  
Tacoma, WA 98407

This document references the following SOD dated: 08/18/2023

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

The department staff that inspected the Adult Family Home:

Scotti Bower, AFH Licenser

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 3, Unit A  
PO Box 99250  
Lakewood, WA 98496

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.

Residential Care Services

08/25/2023

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 388-76-10475 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.

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

Based on interviews and record reviews, the adult family home (AFH) failed to ensure the medication administration records (MARs) for 2 of 5 residents (Resident 1 and Resident 5) were kept current. This failure placed two residents at risk for medical complications and made it unclear if medications were being received as prescribed.

Findings included...

**Resident 1**

On 06/21/2023, review of Resident 1's assessment dated 01/12/2023, showed the medication management level as "Assistance Required."

On 08/17/2023, review of Resident 1's August 2023 MAR showed Oxybutynin Chloride 5 MG (Milligram) on 08/16/2023 at 7:00 pm, was not initialed on the medication log.

**Resident 5**

On 08/22/2023, review of Resident 5's assessment dated 07/11/2023, showed the medication management level as "Assistance Required."

On 8/17/2023, review of Resident 5's August 2023 MAR showed the following medications were not initialed on the medication log:

Atorvastatin Calcium 80 MG (for cholesterol) on 08/16/2023 at 7:00 pm;  
Baclofen 10 MG (to relax muscles) on 08/16/2023 at 3:00 pm and 7:00 pm;  
Carvedilol 12.5 MG (for hypertension) on 08/16/2023 at 5:00 pm;  
Gabapentin 100 MG (for seizures) on 08/16/2023 at 3:00 pm and 7:00 pm; and  
Hydralazine HCL 50 MG (for hypertension) on 08/16/2023 at 2:00 pm.

On 08/17/2023 at 10:45 am in an interview, the Provider stated the medications for these two residents had been given and staff forgot to sign the MARs.

This is an uncorrected deficiency previously cited on 06/23/2023.

|                           |                                            |                                  |
|---------------------------|--------------------------------------------|----------------------------------|
| Statement of Deficiencies | License #: 751994                          | Compliance Determination # 28042 |
| Plan of Correction        | Golden Age Adult Family Home LLC           | Completion Date                  |
| Page 3 of 3               | Licensee: Golden Age Adult Family Home LLC | 08/18/2023                       |

**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, Golden Age Adult Family Home LLC is or will be in compliance with this law and / or regulation on  
(Date) 9-1-2023

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

L. Harris  
Provider (or Representative)

9-1-2023  
Date



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**PO Box 99250, Lakewood, WA 98496**

|                           |                                            |                                  |
|---------------------------|--------------------------------------------|----------------------------------|
| Statement of Deficiencies | License #: 751994                          | Compliance Determination # 25516 |
| Plan of Correction        | Golden Age Adult Family Home LLC           | Completion Date                  |
| Page 1 of 6               | Licensee: Golden Age Adult Family Home LLC | 06/23/2023                       |

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 06/21/2023, 06/21/2023 and 06/21/2023 of:

Golden Age Adult Family Home LLC  
4515 N Bristol  
Tacoma, WA 98407

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

The department staff that inspected the Adult Family Home:

Scotti Bower, AFH Licenser

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 3 , Unit A  
PO Box 99250  
Lakewood, WA 98496

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.

\_\_\_\_\_  
Residential Care Services

\_\_\_\_\_  
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 interview and record review, the adult family home (AFH) failed to initiate tuberculosis (TB, an infectious respiratory disease) testing for 1 of 3 staff (Caregiver B) within three days of hire. This failure placed six residents and others in the home at risk of exposure to an infectious disease.

Findings included...

On 06/21/2023, review of Caregiver B's (CG-B) personnel records showed CG-B was hired on 05/30/2023. Review of CG-B's TB testing showed they had a TB skin test administered on 06/09/2023, which was ten days within the hire date, and read as negative on 06/12/2023. This TB documentation also noted "induration increased per patient" and test result was changed from negative to positive on 06/19/2023.

On 06/21/2023 at 3:15pm in an interview, the Provider stated they took CG-B back to have the first step re-read on 06/19/2023, as the area of the injection had changed in appearance. The TB documentation was then changed to a positive TB result for CG-B.

|                              |
|------------------------------|
| <b>Attestation Statement</b> |
|------------------------------|

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, Golden Age Adult Family Home 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 388-76-10475 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.

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

Based on interviews, record reviews, and observation, the adult family home (AFH) failed to ensure the medication administration records (MARs) for 1 of 6 residents (Resident 1) was kept current. This failure placed Resident 1 at risk for medical complications and made it unclear if medications were being received as prescribed.

Findings included...

On 06/21/2023, review of Resident 1's assessment dated 01/12/2023, showed the medication management level as "Assistance Required."

On 06/21/2023, review of Resident 1's June 2023 MAR showed Buspirone HCL 15 MG (Milligram) on 06/01/2023 through 06/20/2023 (20 days) at 7:00 pm., was not initialed on the medication log.

On 06/21/2023 at 10:08 am in an interview, Caregiver A (CG-A) stated that Resident 1 had received this medication daily at 7 pm and staff forgot to sign for it.

On 06/21/2023 at 10:12 am in an interview, Resident 1 stated they had received this medication daily at 7 pm.

On 06/21/2023 at 10:55 am in an interview, the Provider stated this medication had been given and staff forgot to sign the MAR indicating that.

| Attestation Statement                                                                                                                                                                                                                                                                                                                                                                  |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <p>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, Golden Age Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____.</p> <p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p> |       |
| _____                                                                                                                                                                                                                                                                                                                                                                                  | _____ |
| Provider (or Representative)                                                                                                                                                                                                                                                                                                                                                           | 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 ensure 4 of 6 residents (Resident 1, Resident 4, Resident 5, and Resident 6) and/or their representatives, reviewed, signed and dated their negotiated care plans (NCP) every 12 months. This failure violated four resident's right to be knowledgeable about, and able to negotiate the care they received in the home.

Findings included...

On 06/21/2023 review of Resident 1's NCP showed it was last reviewed and signed on 02/18/2022. Review of Resident 4's NCP showed it was last reviewed and signed on 11/12/2021. Review of Resident 5's NCP showed it was last reviewed and signed on 08/22/2021. Review of Resident 6's NCP showed it was last reviewed and signed on 08/15/2021.

On 06/21/2023 at 3:30 pm in an interview, the Provider stated they had completed new NCP's for these four residents but had not printed them.

| <b>Attestation Statement</b>                                                                                                                                                                                                                                                                                                                                                               |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <p>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, Golden Age Adult Family Home LLC is or will be in compliance with this law and / or regulation on<br/>(Date)_____.</p> <p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p> |                          |
| <p>_____</p> <p>Provider (or Representative)</p>                                                                                                                                                                                                                                                                                                                                           | <p>_____</p> <p>Date</p> |

**WAC 388-76-10750 Safety and maintenance. The adult family home must:**

- (1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;
- (4) Ensure items and furnishings brought into the home by the resident for their use are clean, functioning, and safe;

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

Based on observation and interviews, the adult family home (AFH) failed to ensure 1 of 6 residents (Resident 1) bedroom was safe and free of hazards by not providing unobstructed access to the resident's bed. This failure placed Resident 1 at risk from safely going to and from their bed, or others having unobstructed access to the resident in the event of an emergency.

**Findings included...**

On 06/21/2023 at 10:28 am, observation of Resident 1's (R1) bedroom showed no direct access from the entry door of the bedroom to the resident's bed. R1's bed was parallel to the far wall of the bedroom. In front of the bed was a recliner chair. To the left and right of the recliner chair was shelving, boxes and containers holding R1's personal belongings. There was no clear pathway to access or exit the bed. R1 demonstrated how they accessed their bed. R1 stood up with their walker, placed their walker to the side, and slowly slid the reclining chair out and away from the bed with force. R1 then contorted their body around the recliner in a space that was so tight that the front of their body was leaning over and touching the recliner to access the bed.

On 06/21/2023 at 10:30 am in an interview, R1 stated staff did not move the chair for them, and they did not ask staff to move the chair for them.

On 06/21/2023 at 11:40 am in an interview, the Provider stated they had been working with R1 and their bedroom.

**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, Golden Age Adult Family Home 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



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
***PO Box 99250, Lakewood, WA 98496***

Golden Age Adult Family Home LLC  
Golden Age Adult Family Home LLC  
4515 N Bristol  
Tacoma, WA 98407

RE: Golden Age Adult Family Home LLC # 751994

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/23/2023 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:

Lisa Cramer, Field Manager  
Residential Care Services  
Region 3, Unit A  
PO Box 99250

Lakewood, WA 98496

- 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 388-76-10401 Home and community-based setting requirements.**

(1) The home must ensure that the following conditions are present for each resident:

(d) Freedom and support to control their own schedule;

The adult family home (AFH) implemented a "quiet time" period in the residents' daily schedule from after lunch to 2:45 pm, and 6 pm to bedtime where residents were encouraged to have quiet time in their rooms. Residents and resident family interviews and observations showed residents did not always want to spend this time in their rooms and felt "quiet time" was an implemented rule for their daily schedule. The Provider was informed this did not allow residents freedom to control their own schedule and the Provider informed the residents there would no longer be quiet time. Four of six residents exited their rooms after the Provider made this announcement. This corrected the issue.

**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 (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager  
Region 3, Unit A  
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:

Lisa Cramer, Field Manager  
Residential Care Services  
Region 3, Unit A  
PO Box 99250  
Lakewood, WA 98496

**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](mailto:rcsidr@dshs.wa.gov):

Adult Family Home IDR Program  
Residential Care Services

Golden Age Adult Family Home LLC # 751994

06/23/2023

Page 4 of 4

PO Box 45600

Olympia, WA 98504-5600