



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) 34396 (Completion Date 01/02/2024) and 33070 (Completion Date 12/05/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/02/2024 and found that you have corrected the violations listed in the Complaint report dated 12/05/2023. Your home is back in compliance as of 12/05/2023 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, WAC 388-76-10475-3-a, WAC 388-76-10475-3-b

The Department staff who did the on-site verification:

Angela Conklin, AFH Complaint Investigator

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

Sincerely,

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



Residential Care Services Investigation Summary Report

Provider/Facility: Golden Age Adult Family Home LLC

License/Cert.#: 751994

Compliance Determination #: 33070

Investigator: Angela Conklin

Investigation Date(s): 12/04/2023 through 12/05/2023

Complainant Contact Date(s):

Provider Type: Adult Family Home

Intake ID: 107238

Region/Unit #: RCS Region 3 / Unit A

Allegation(s):

1. The reporter states that the Identified Resident (IR) reports that they are required to stay in their room on some days and other days are allowed to be in the main living spaces at the adult family home (AFH).
2. The AFH staff did not sign off on the medication administration records (MAR) as medications were given to the resident(s).

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 3 Closed records sample size: 3
Observations:	General tour Resident to caregiver interaction
Interviews:	Residents Caregivers Provider Therapist
Record Reviews:	Medication Administration (MARS) Negotiated care plans

Investigation Summary:

1. Based on interviews, record reviews and observations, the allegation that the Identified Resident (IR) is required to stay in their room on some days is unsubstantiated. No failed practice identified.
2. Based on interviews and record reviews, the adult family home (AFH) did not have the medication administration record (MAR) completed for medication given to the residents at the AFH. Failed practice identified.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A



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Statement of Deficiencies	License #: 751994	Compliance Determination # 33070
Plan of Correction	Golden Age Adult Family Home LLC	Completion Date
Page 1 of 3	Licensee: Golden Age Adult Family Home LLC	12/05/2023

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 12/04/2023 and 12/06/2023 of:

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

This document references the following complaint number(s): 107238

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 3 former residents.

The department staff that investigated the Adult Family Home:

Angela Conklin, AFH Complaint Investigator

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

12/07/2023

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 #: 751994	Compliance Determination # 33070
Plan of Correction	Golden Age Adult Family Home LLC	Completion Date
Page 2 of 3	Licensee: Golden Age Adult Family Home LLC	12/05/2023



Provider (or Representative)

12-20-2023
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.
- (3) Ensure the medication log includes:
 - (a) Initials of the staff who assisted or gave each resident medication(s);
 - (b) If the medication was refused and the reason for the refusal; and

This requirement was not met as evidenced by:

Based on interviews and record reviews the adult family home (AFH) failed to ensure an up-to-date daily Medication Administration Record (MAR) was completed for 5 of 5 residents [Resident 1 (R1), Resident 2 (R2), Resident 3 (R3), Resident 4 (R4), and Resident 5 (R5)] to include the initials of the staff who assisted the residents or noted if the medication was refused. This failure placed all five residents at risk for a decline in health status and prevented their personal physician from having an accurate picture of their medication compliance and history.

Findings included...

On 12/04/2023, a record review showed the December MARs dates of 12/02/2023, and 12/03/2023, for R1, R2, R3, R4, and R5 were not documented with signatures or initials.

On 12/04/2023 at 10:55 AM, during an interview, R1 stated they did get their medications on time and as prescribed over the dates identified.

On 12/04/2023 at 11:12 AM, during an interview, R5 stated they did get their medications on time and as prescribed over the dates identified.

On 12/4/2023 at 11:20 AM, during an interview, Staff A (Caregiver), stated they did not know why the MARs were not completed as they didn't work the weekend.

On 12/5/2023 at 11:38 AM, during an interview, the Provider stated Caregiver A notified them about the issue and they (Provider) told the individual responsible to go to the AFH and sign off the MARs for each resident.

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Page 3 of 3	Licensee: Golden Age Adult Family Home LLC	12/05/2023

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) 12-5-2023.

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



Provider (or Representative)

12-20-2023

Date