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

SIM Adult Family Home LLC
Sim Adult Family Home, LLC
1836 East End Ct NW
Olympia, WA 98502

RE: Sim Adult Family Home, LLC License # 752887

Dear Provider:

This letter addresses Compliance Determination(s) 27768 (Completion Date 08/10/2023) and 25155 (Completion Date 06/30/2023).

The Department completed a follow-up inspection of your Adult Family Home on 08/10/2023 and found that you have corrected the violations listed in the Full report dated 06/30/2023. Your home is back in compliance as of 06/30/2023 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, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Allen Baldaray, LTC ESF/AFH Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Jennifer LeMaster Jennifer LeMaster, Field Manager Region 3, Unit G

Michael Burdick, 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

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 06/28/2023 and 06/29/2023 of:

Sim Adult Family Home, LLC
1836 East End Ct NW
Olympia, WA 98502

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:

Allen Baldaray, LTC ESF/AFH Licensor

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.

Residential Care Services

07/03/2023
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)

7/17/23
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:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to have a medication system in place to ensure all ordered medications were available for 1 of 4 residents (Resident 1 [R1]). This failure resulted in R1 not receiving medications as ordered.

Findings included...

During Resident Medication Review for R1, the Medication Administration Record (MAR) dated June 2023 showed that R1 was prescribed Mucous Relief (aids in the clearance of mucus or sputum), Polyethlylene Glycol (constipation), Bisacodyl Suppository (constipation), and Magnesium Citrate (constipation).

On 06/29/2023 at 1:55 PM, observation of R1's medication supply showed the Mucous Relief, Polyethlylene Glycol, Bisacodyl, and the Magnesium Citrate were not present.

In an interview on 06/29/2023 at 2:16 PM, Staff A (Provider) confirmed the absence of the medication in the AFH, and stated the order to the pharmacy was previously placed, but not yet received. On 06/29/2023 at 5:00 PM, Staff A confirmed the medications were still not yet received.

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, Sim Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 06/30/23 .

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

Provider (or Representative) — Date: 07/17/23