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

CJ ADULT FAMILY HOME LLC
CJ Adult Family Home LLC
1901 Lebanon St SE
Lacey, WA 98503

RE: CJ Adult Family Home LLC License # 753118

Dear Provider:

This letter addresses Compliance Determination(s) 34534 (Completion Date 12/29/2023) and 29448 (Completion Date 10/19/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/29/2023 and found that you have corrected the violations listed in the Full report dated 10/19/2023. Your home is back in compliance as of 10/25/2023 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-c, WAC 388-76-10430-2-d, WAC 388-76-10195-1

The Department staff who did the on-site verification:
Andria Underwood, LTC Surveyor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster, Field Manager
Region 3, Unit G
Residential Care Services

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6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 753118	Compliance Determination # 29448
Plan of Correction	CJ Adult Family Home LLC	Completion Date
Page 1 of 4	Licensee: CJ ADULT FAMILY HOME LLC	10/19/2023

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 09/12/2023 and 09/13/2023 of:
CJ Adult Family Home LLC
1901 Lebanon St SE
Lacey, WA 98503

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:

Andria Underwood, LTC Surveyor

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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.

Jennifer LeMaster
Residential Care Services

10/20/2023
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 #: 753118	Compliance Determination # 29448
Plan of Correction	CJ Adult Family Home LLC	Completion Date
Page 2 of 4	Licensee: CJ ADULT FAMILY HOME LLC	10/19/2023

Celia Gorski 10/25/2023

Provider (or Representative) 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:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on record review, observations and interviews, the Adult Family Home (AFH) failed to ensure there was a system in place to meet the medication needs of 5 out of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5). The failure placed Residents 1, 2, 3, 4 and 5 at risk for not receiving medications as prescribed.

Findings included...

Record review of Resident 1's Medication administration Record (MAR) for September 2023 showed a prescription for diarrhea medication to be given as needed. Observations of Resident 1's medication supply on 09/12/2023 at 02:20 PM showed the diarrhea medication box was empty and the AFH did not have this medication in supply. updated immodium

Record review of Resident 2's MAR for September 2023 showed a prescription for stomach pain medication to be given as needed. Observations of Resident 1's medication supply on 09/12/2023 at 02:15 PM showed the stomach pain medication had expired on 06/07/2023. immodium + mirtalax

Record review of Resident 3's MAR for September 2023 showed a prescription for liquid thickener to be used three times daily. Observations of Resident 3's medication supply on 09/12/2023 at 02:30 PM showed the liquid thickener was not in supply. in supply

Record review of Resident 4's MAR for September 2023 showed a prescription for constipation medication to be given as needed. Observations of Resident 4's medication supply on 09/12/2023 at 02:45 PM showed the constipation medication had expired on 03/23/2023. mirtalax

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During interview with Provider on 09/12/2023 at 03:15 PM, they said they were not aware medications for Resident 1 and Resident 4 had expired and would request a refill immediately. Provider said they were not aware Resident 2's diarrhea medication was missing and would call the pharmacy to request a refill. The Provider said Resident 3 had just moved in on [redacted]/2023 and there was no thickener in their medication supply given by previous AFH, so they were unaware Resident 3 had it prescribed.

Record Review of Resident 5's MAR for September 2023 showed a prescription for liquid pain reliever to be given as needed and showed this medication was administered on 09/02/2023. Observations of Resident 5's medication supply on 09/12/2023 showed the pain reliever was in tablet form. Liquid pain reliever. Resident moved 10/23/23

During interview with Provider and Caregiver 2 on 09/12/2023 at 03:20 PM, Caregiver 2 said they had used Resident 4's liquid pain reliever for Resident 5 since Resident 5 did not have any in supply. Caregiver 2 said they had not given Resident 5 any of the tablet medications in supply, as Resident 5 was unable to take tablet forms of medication. Caregiver 2 and Provider stated they did not know why the tablet form of the pain reliver was in Resident 5's supply.

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, CJ Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 10/25/23 .

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

Celia Gorski — Provider (or Representative)

10/25/2023 — Date

WAC 388-76-10195 Adult family home Staff Generally. The adult family home must ensure:

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(1) When one or more residents are in the home, enough staff are available in the home to meet the needs of each resident, except as provided in WAC 388-76-10200 ;

This requirement was not met as evidenced by:

Based on record review, observations and interview, the Adult Family Home (AFH) failed to have enough staff members to meet the physical and functional status of 1 of 5 residents (Resident 4). This failure placed Resident 4 at risk for harm during care due to AFH not having two staff on site as required.

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Findings included...

Review of Resident 4's current assessment dated 07/20/2023 showed Resident 4 required two-person physical assist for transferring, bathing, changing, dressing, and bed mobility.

Observations on 09/12/2023 from 01:17 PM through 02:47 PM showed there was only one caregiver working in the AFH.

During interview with Provider on 09/12/2023 at 3:00 PM, they confirmed the second caregiver (Caregiver 2) had gone home to check on a family member, but stated this did not happen regularly.

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, CJ Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 10/25/23 .

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

Celia Gorski — Provider (or Representative)

10/25/2023 — Date

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