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

Madison Adult Family Home LLC

Madison Adult Family Home LLC
14222 15TH PL W
LYNNWOOD, WA 98087

RE: Madison Adult Family Home LLC License # 753486

Dear Provider:

This letter addresses Compliance Determination(s) 44912 (Completion Date 07/30/2024) and 43157 (Completion Date 07/05/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/30/2024 and found that you have corrected the violations listed in the Complaint report dated 07/05/2024. Your home is back in compliance as of 06/24/2024 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 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10375

The Department staff who did the on-site verification:
Theresia Karundeng, 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

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 #: 753486	Compliance Determination # 43157
Plan of Correction	Madison Adult Family Home LLC	Completion Date
Page 1 of 3	Licensee: Madison Adult Family Home LLC	07/05/202

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 06/25/2024 and 06/25/2024 of:

Madison Adult Family Home LLC
14222 15TH PL W
LYNNWOOD, WA 98087

This document references the following complaint number(s): 134303

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Theresia Karundeng, 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
7/17/2024 — 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 #: 753486	Compliance Determination # 43157
Plan of Correction	Madison Adult Family Home LLC	Completion Date
Page 2 of 3	Licensee: Madison Adult Family Home LLC	07/05/202

Provider (or Representative) [signature] Date 7.25.24

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 have a system in place to ensure the Negotiated Care Plan (NCP) was agreed to and signed by the resident or their representative for 2 of 3 residents (Resident 1 and 2). This failure placed Resident 1 and 2 at risk of unrecognized and/or unmet care needs.

[redacted]

Findings included...

Review of Resident 1's Assessment and Care Plan dated 05/26/2024, showed Resident 1 was admitted to the AFH on [redacted]/2022, with multiple medical diagnoses. Further review showed that the care plan had no signatures of the AFH staff, Resident 1, or their representative.

[redacted]

Review of Resident 2's Assessment and Care Plan dated 07/17/2023, showed Resident 2 was admitted to the AFH with multiple medical diagnoses. Further review showed that the care plan was signed by Staff A, Provider, and Resident 2 on 06/26/2024. Resident 2's NCP was reviewed and signed 11 months and 9 days after the NCP was updated.

In an interview, on 06/25/2024 at 2:23 PM, Resident 2 stated that they had lived at the AFH for two years.

In an interview, on 06/25/2024 at 3:01 PM, Staff A stated that they had not gotten a chance to sign and review Resident 1's NCP with Resident 1 or their representative. Staff A stated that Resident 2's NCP had not been signed and reviewed with Resident 2 or their representative

Attestation Statement

Statement of Deficiencies	License #: 753486	Compliance Determination # 43157
Plan of Correction	Madison Adult Family Home LLC	Completion Date
Page 3 of 3	Licensee: Madison Adult Family Home LLC	07/05/202

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, Madison Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8/26/24 .

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

Provider (or Representative) [signature] Date 7/23/24

Madison Adult Family Home LLC
14222 15th Pl W
Lynnwood WA 98087
License Number 753486
July 23,2024

Plan of Correction

Citation #1: Negotiated Care Plan Signed

Madison Adult Family Home on 6/25/24 was not in compliance according to WAC 388-76-19375. To correct this, I have had POA for [redacted] sign the negotiated care plan (6/25/24) and [redacted] POA sign the Negotiated Care plan (6/26/24). Madison Adult Family Home has made these corrections to this deficiency and will be in compliance on 6/26/24. To prevent this from happening again I will make sure either Resident or POA of resident review and sign the Negotiated care plan on the day of completion.

7-23-24 Anny Burcheci