STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Joy House AFH LLC

Joy House AFH LLC
2722 Alpine Dr SE
Auburn, WA 98002

RE: Joy House AFH LLC License # 753936

Dear Provider:

This letter addresses Compliance Determination(s) 49265 (Completion Date 10/24/2024) and 46834 (Completion Date 09/09/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/24/2024 and found that you have corrected the violations listed in the Full report dated 09/09/2024. Your home is back in compliance as of 09/13/2024 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 388-76-10895-2-a, WAC 388-76-10865-1

The Department staff who did the on-site verification:
Olga Petrov, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 753936	Compliance Determination # 46834
Plan of Correction	Joy House AFH LLC	Completion Date
Page 1 of 4	Licensee: Joy House AFH LLC	09/09/2024

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 09/05/2024 and 09/05/2024 of:
Joy House AFH LLC
2722 Alpine Dr SE
Auburn, WA 98002

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:

Olga Petrov, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 — 9-12-2024 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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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9-12-2024
Date

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Statement of Deficiencies	License #: 753936	Compliance Determination # 46834
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Provider (or Representative)

11/01/24
Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

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 partial evacuation drills were completed at least every 60 days. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of harm or injury in the event of an emergency requiring evacuation from the home.

Findings included:

Observation of residents on 09/05/2024 at 8:30 AM showed Residents 1, 2 and 3 were in their wheelchairs, Residents 4 and 5 were in their bed.

In an interview on 09/05/2024 at 09:10 AM, Staff A, Entity Representative stated that all five residents (Residents 1, 2, 3, 4 and 5) needed assistance with evacuation. Staff A stated that Residents 1, 2, 3 and 4 used wheelchairs and Resident 5 used a cane for evacuation.

Record review showed every-two-month emergency evacuation drills as follows: 09/11/2023; 1/08/2024; 03/07/2024; 5/05/2024; 06/25/2024 and full evacuation on 11/09/2023. There was no record of emergency evacuation drill after 06/25/2024 – 09/05/2024 (date of the inspection).

In an interview on 09/05/2024 at 10:04 AM, Staff A stated that the home missed to conduct a fire drill in August 2024.

Attestation Statement

Provider (or Representative) _____ Date _____

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

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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 partial evacuation drills were completed at least every 60 days. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of harm or injury in the event of an emergency requiring evacuation from the home.

Findings included…

Observation of residents on 09/05/2024 at 8:30 AM showed Residents 1, 2 and 3 were in their wheelchairs, Residents 4 and 5 were in their bed.

In an interview on 09/05/2024 at 09:10 AM, Staff A, Entity Representative stated that all five residents (Residents 1, 2, 3, 4 and 5) needed assistance with evacuation. Staff A stated that Residents 1, 2, 3 and 4 used wheelchairs and Resident 5 used a cane for evacuation.

Record review showed every-two-month emergency evacuation drills as follows: 09/11/2023; 1/08/2024; 03/07/2024; 5/05/2024; 06/25/2024 and full evacuation on 11/09/2023. There was no record of emergency evacuation drill after 06/25/2024 – 09/05/2024 (date of the inspection).

In an interview on 09/05/2024 at 10:04 AM, Staff A stated that the home missed to conduct a fire drill in August 2024.

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, Joy House AFH LLC is or will be in compliance with this law and / or regulation on (Date) 09/05/24 .

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

Provider (or Representative) 9/14/24 Date

WAC 388-76-10865 Resident evacuation from adult family home.

(1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 5 of 5 current residents (Residents 1, 2, 3, 4 and 5) were able to evacuate from the home to the designated meeting place in five minutes or less at least every two months. This placed the residents at risk of harm or injury in the event of an emergency requiring evacuation from the home.

Findings included .

Observation of residents on 09/05/2024 at 8:30 AM showed Residents 1, 2 and 3 were in their wheelchairs, Residents 4 and 5 were in their bed.

In an interview on 09/05/2024 at 9:10 AM, Staff A, Entity Representative stated that all five residents (Resident 1, 2, 3, 4 and 5) needed assistance with evacuation. Staff A stated that Residents 1, 2, 3 and 4 used wheelchairs and Resident 5 used a cane for evacuation.

Review of AFH administrative records showed an every-two-month emergency evacuation fire drills, that lasted from three minutes and seven seconds to four minutes and eleven seconds. There was a record of five minutes and forty-three seconds of every-two-month emergency evacuation fire drills on 05/05/2024, and a record of a five-minute and fourteen seconds drill of full evacuation from the home on 11/09/2023.

In an interview on 09/05/2024 at 10:04 AM, when asked why the emergency evacuation drills were more than five minutes, Staff A stated that they thought that evacuation drills should not exceed six minutes. Staff A added that the home took their time to

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

_____ _____
Provider (or Representative) Date

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(1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 5 of 5 current residents (Residents 1, 2, 3, 4 and 5) were able to evacuate from the home to the designated meeting place in five minutes or less at least every two months. This placed the residents at risk of harm or injury in the event of an emergency requiring evacuation from the home.

Findings included…

Observation of residents on 09/05/2024 at 8:30 AM showed Residents 1, 2 and 3 were in their wheelchairs, Residents 4 and 5 were in their bed.

In an interview on 09/05/2024 at 9:10 AM, Staff A, Entity Representative stated that all five residents (Resident 1, 2, 3, 4 and 5) needed assistance with evacuation. Staff A stated that Residents 1, 2, 3 and 4 used wheelchairs and Resident 5 used a cane for evacuation.

Review of AFH administrative records showed an every-two-month emergency evacuation fire drills, that lasted from three minutes and seven seconds to four minutes and eleven seconds. There was a record of five minutes and forty-three seconds of every-two-month emergency evacuation fire drills on 05/05/2024, and a record of a five-minute and fourteen seconds drill of full evacuation from the home on 11/09/2023.

In an interview on 09/05/2024 at 10:04 AM, when asked why the emergency evacuation drills were more than five minutes, Staff A stated that they thought that evacuation drills should not exceed six minutes. Staff A added that the home took their time to

Statement of Deficiencies	License #: 753936	Compliance Determination # 46834
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conduct those drills.

On 09/06/2024, the Department received emailed a fire drill record of a three minutes and five seconds every-two-month emergency evacuation fire drill conducted on 09/05/2024 (date of inspection).

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, Joy House AFH LLC is or will be in compliance with this law and / or regulation on (Date) 9/13/24 .

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

Provider (or Representative) 9/14/24 Date

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On 09/06/2024, the Department received emailed a fire drill record of a three minutes and five seconds every-two-month emergency evacuation fire drill conducted on 09/05/2024 (date of inspection).

Attestation Statement

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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
20425 72nd Avenue S, Suite 400, Kent, WA 98032

09/12/2024

Joy House AFH LLC
Joy House AFH LLC
2722 Alpine Dr SE
Auburn, WA 98002

RE: Joy House AFH LLC # 753936

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/09/2024 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:

Lydia Owusu-Acheampong, Field Manager
Residential Care Services
Region 2, Unit G
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• 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 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

The Adult Family Home (AFH) failed to apply and obtain a Medical Test Site Waiver license before conducting blood glucose testing for 2 residents in the AFH. The AFH mailed the application for the MTSW license to the Department of Health at the time of the inspection.

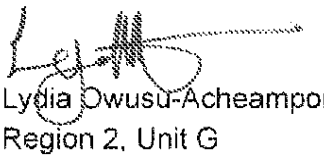
You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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)234-6007.

Sincerely,



Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
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:
Lydia Owusu-Acheampong, Field Manager
Residential Care Services
Region 2, Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 IDR**s 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:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600