STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Joseph Raymond Wegrzyniak
The Lund House Adult Family Home
2361 SE Lund Ave
Port Orchard, WA 98366

RE: The Lund House Adult Family Home License # 754043

Dear Provider:

This letter addresses Compliance Determination(s) 33670 (Completion Date 12/15/2023) and 31218 (Completion Date 10/27/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/15/2023 and found that you have corrected the violations listed in the Full report dated 10/27/2023. Your home is back in compliance as of 11/07/2023 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 388-76-10750-6, WAC 388-76-10750-6-a, WAC 388-76-10750-6-b, WAC 388-76-10750-6-c, WAC 388-76-10475-1, WAC 388-76-10750-1

The Department staff who did the on-site verification:
Scotti Bower, AFH Licensor

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

Sincerely,

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 754043	Compliance Determination # 31218
Plan of Correction	The Lund House Adult Family Home	Completion Date
Page 1 of 5	Licensee: Joseph Raymond Wegrzyniak	10/27/2023

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 10/26/2023 and 10/26/2023 of:
The Lund House Adult Family Home
2361 SE Lund Ave
Port Orchard, WA 98366

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Scotti Bower, AFH Licensor

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 — 10/30/2023 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) 11-06-2023 Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(a) Tubs;

(b) Showers; and

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to ensure the water temperature in 1 of 2 resident bathrooms (Bathroom 1) met the minimum required temperature of one hundred five (105) degrees Fahrenheit (F). This failure placed 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) at risk for a decrease in quality of life without access to the required minimum warm water temperature.

Findings included...

On 10/26/2023 at 12:40 pm, the warm water temperature was tested in the residents' shared bathroom (Bathroom 2) and the water temperature was 82.3 degrees F. and then began dropping in temperature.

On 10/26/2023 at 12:45 pm in an interview, the Provider stated they were not aware the AFH's water did not meet the minimum temperature requirement. The Provider stated Bathroom 1 and Bathroom 2 are connected to separate water heaters.

Statement of Deficiencies	License #: 754043	Compliance Determination # 31218
Plan of Correction	The Lund House Adult Family Home	Completion Date
Page 3 of 5	Licensee: Joseph Raymond Wegrzyniak	10/27/2023

On 10/26/2023 at 12:49 pm, observation showed
the Provider checking the warm water temperature in Bathroom 1 with their hand and stated, "that is cold."

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, The Lund House Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 11-07-2023 .

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

Provider (or Representative) 11-06-2023 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.

This requirement was not met as evidenced by:

Based on interviews and record
reviews, the adult family home (AFH) failed to ensure the medication administration records (MARs) for 1 of 4 residents (Resident 4) was kept current. This failure placed Resident 4 at risk for medical complications and made it unclear if medications were being received as prescribed.

Findings included...

On 10/26/2023 at 10:10 am,
review of the MAR for Resident 4 (R4) showed their morning medications had been given to R4 and signed for by the Provider.

On 10/26/2023 at 10:25 am,
observation showed R4 asking the Provider for their morning medications. On 10/26/2023 at 10:30 am,
observation showed the Provider giving R4 his morning medication.

On 10/26/2023 at 10:35 am in an
interview, the Provider stated they signed R4's MAR this morning without giving R4 his medication. The Provider stated they were aware that was not "proper procedure."

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, The Lund House Adult Family Home is or will be in compliance with this law and / or regulation on
(Date) 10/30/2023.

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

Provider (or Representative) 11-06-2023 Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observations and interviews the adult
family home (AFH) failed to ensure 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) were able to access an indoor space that was sanitary, homelike and in good repair. This failure violated the residents' right to access functional plumbing and safe living conditions.

Findings included...

Statement of Deficiencies	License #: 754043	Compliance Determination # 31218
Plan of Correction	The Lund House Adult Family Home	Completion Date
Page 5 of 5	Licensee: Joseph Raymond Wegrzyniak	10/27/2023

On 10/26/2023 at 12:38 pm, observation showed mold on the walls, ceiling and a decorative wall hanging in Bathroom 1. The bathroom sinks in Bathroom 1 and Bathroom 2 did not drain functionally.

On 10/26/2023 at 12:42 pm in an interview, the Provider stated they were not aware of the mold in Bathroom 1. The Provider stated they were "mildly aware" the two bathroom sinks were not draining functionally.

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, The Lund House Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 10-30-2023.

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

Provider (or Representative) 11-06-2023 Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Joseph Raymond Wegrzyniak
The Lund House Adult Family Home
2361 SE Lund Ave
Port Orchard, WA 98366

RE: The Lund House Adult Family Home # 754043

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/27/2023 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:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

Lakewood, WA 98496

• 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 388-76-10775 Temperature and ventilation. The adult family home must:

(2) At a minimum, keep room temperature at:

(a) Sixty-eight degrees Fahrenheit or more during waking hours; and

(b) Sixty degrees Fahrenheit or more during sleeping hours.

The adult family home (AFH) failed to maintain a minimum temperature of 68 degrees Fahrenheit in the home. This was corrected during 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)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
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:
Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250
Lakewood, WA 98496

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 IDRs** 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