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

Om Adult Family Home LLC

Om Adult Family Home LLC
920 Lilly Rd NE
Olympia, WA 98506

RE: Om Adult Family Home LLC License # 754045

Dear Provider:

This letter addresses Compliance Determination(s) 44740 (Completion Date 07/25/2024) and 40740 (Completion Date 05/14/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/25/2024 and found that you have corrected the violations listed in the Full report dated 05/14/2024. Your home is back in compliance as of 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, WAC 388-76-10750-1, WAC 388-76-10750-11, WAC 388-76-10750-11-a, WAC 388-76-10750-11-b, WAC 388-76-10750-11-c, WAC 388-76-10750-11-d, WAC 388-76-10165, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b

The Department staff who did the on-site verification:
Daphne Gill, LTC Surveyor

If you have any questions, please contact me at (360)746-4675.

Sincerely,

Clinton Fridley RN

Clinton Fridley, 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 05/01/2024 and 05/01/2024 of:

Om Adult Family Home LLC
920 Lilly Rd NE
Olympia, WA 98506

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

The department staff that inspected the Adult Family Home:

Daphne Gill, LTC Surveyor

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.

Staci Dilly for Region 3G
Residential Care Services

July 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.

Provider (or Representative) — 07/22/2024 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;

(11) Keep the home free from:

(a) Rodents;

(b) Flies;

(c) Cockroaches; and

(d) Other vermin.

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home failed to ensure the window screens in one resident bedroom [Bedroom] was in place and in good repair. This failure placed R2 at risk for allowing insects to come into the bedrooms, potentially decreasing quality of life.

Findings included...

During the environmental tour on 05/01/2024 at 1:05 PM, the window screen in Bedroom was observed to have several tears and holes.

At 1:06 PM, Staff A was unaware of the holes in the screen and stated she would let the provider know. The Provider was not available at this time.

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, Om Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 05/10/2024 .

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

Provider (or Representative) — Date: 07/22/2024

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation and record review the Provider failed to have a name and date of birth background check for 1 of 2 current caregivers (Provider). Failure to have and maintain the required background check resulted in residents receiving care from a provider whose background history was not known.

Findings included...

During an administrative/staff record review on 05/01/2024, at 1:00 PM, Staff A was unable to locate staff records in the home and the Provider was unavailable during this inspection. The Provider was able to email or fax necessary records to the department by 05/03/2024 4:00 PM.

The department received emailed staff records from Provider on 05/03/2024 at 3:38 PM. Review of these records contained no evidence of a name and date of birth background check and fingerprint check for the Provider. After further follow up, the Provider acknowledged in a follow up email that she had not completed an updated background check for herself and provided a copy of her fingerprints to the Department.

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, Om Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 05/10/2024 .

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

Provider (or Representative) — Date: 07/22/2024

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

AMENDED
07/17/2024

Om Adult Family Home LLC
Om Adult Family Home LLC
920 Lilly Rd NE
Olympia, WA 98506

RE: Om Adult Family Home LLC # 754045

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/14/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

You requested an Informal Dispute Resolution (IDR) review. The IDR review resulted in the enclosed amended Statement of Deficiencies.

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:

Clinton Fridley, Field Manager

Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

• 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 388-76-10915 Department staff access Willful interference prohibited. The adult family home must ensure:

(1) Department staff have access to:

(a) The home, residents, including former residents;

(b) Resident records, includes former residents records;

(c) Facility staff and relevant staff records; and

(d) Financial records of the business if good cause to believe that a financial obligation related to resident care or services will not be met.

(2) The home and staff do not willfully interfere or fail to cooperate with department staff in the performance of official duties.

The Adult Family Home failed to have residents or current and formal staff records accessible. During a visit on 05/01/2024, Staff A was unable to locate residents and staff records and the provider was not available for immediate access. The Provider forwarded necessary staff information to the department on 05/03/2024 and stated they would print out for future use and need.

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:
• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (360)746-4675.

Sincerely,

Staci Oldy For Clinton Fridley Reg 3 G
Clinton Fridley, Field Manager
Region 3, 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:
Clinton Fridley, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501