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 # 754045

Dear Provider:

This document references Compliance Determination 31195 (12/12/2023), which included complaint number(s) 101553, 102641, 103413.

The Department completed a complaint investigation of your Adult Family Home on 12/12/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Laura Newberry

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

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;

The adult family home (AFH) failed to fix a broken toilet seat in the AFH. The AFH made corrective action once they were made aware of the needed repair. Consultation was provided.

WAC 388-76-10765 Storage. The adult family home must:

(2) Provide locked storage for all prescribed and over-the-counter medications as per WAC 388-76-10485 .

The adult family home (AFH) failed to store prescribed medications in locked storage for 1 of 2 residents (Resident 1 [R1]). The AFH made corrective action while onsite, consultation was provided.

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

The adult family home (AFH) failed to update the named resident's (NR) plan of care when they had new behaviors. The AFH made corrective action by updating their plan of care. Consultation was provided.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the home to determine if you have corrected all deficiencies.

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,

for

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Om Adult Family Home LLC **Provider Type:** Adult Family Home

License/Cert.#: 754045
Intake ID: 101553
Compliance Determination #: 31195
Region/Unit #: RCS Region 3 / Unit G
Investigator: Laura Newberry
Investigation Date(s): 10/18/2023 through 12/12/2023
Complainant Contact Date(s): 12/12/2023

Allegation(s):

1. Neglect – The named resident (NR) was not receiving needed care and services.
2. Quality of care/treatment – The adult family home (AFH) had bugs and the toilet seat was broken.

Investigation Methods:

Sample:	Total residents: 2 Resident sample size: 2 Closed records sample size: 0
Observations:	AFH residents, AFH staff, care and service
Interviews:	NR, AFH residents, AFH resident's responsible party, AFH staff, others not associated with AFH
Record Reviews:	NR and other AFH resident assessment and negotiated care plan (NCP), NR admission agreement, NR medication administration record (MAR)

Investigation Summary:

1. Neglect – Interview with NR and other AFH resident's responsible party stated no concerns with care or service and felt safe in the AFH. Observations showed NR provided with care and service by AFH staff. Observations showed NR medications were left unattended. Consultation was provided.
2. Observations showed no bugs in the AFH. Interview with NR and other AFH resident's responsible party stated no concerns with bugs in the AFH. Observations showed the AFH toilet seat was broken, AFH made repairs to correct broken toilet seat. Consultation was provided.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: Om Adult Family Home LLC **Provider Type:** Adult Family Home

License/Cert.#: 754045
Intake ID: 103413
Compliance Determination #: 31195
Region/Unit #: RCS Region 3 / Unit G
Investigator: Laura Newberry
Investigation Date(s): 10/18/2023 through 12/12/2023
Complainant Contact Date(s): 12/12/2023

Allegation(s):

1. Quality of care/treatment – The named resident (NR) stated thoughts of self-harm.
2. Other Services – The NR does not have transportation to run errands.
3. Dietary Services – The NR's teeth were removed and their diet has changed.

Investigation Methods:

Sample:	Total residents: 2 Resident sample size: 2 Closed records sample size: 0
Observations:	AFH residents, AFH staff, care and service
Interviews:	NR, AFH resident's, AFH resident's responsible party, AFH staff, others not associate with AFH
Record Reviews:	NR and other AFH resident assessment and negotiated care plan (NCP), NR admission agreement, NR medication administration record (MAR)

Investigation Summary:

1. Quality of care/treatment – Interview with NR stated has had thoughts of self-harm but would not hurt self. Interview with NR stated has resources available for support with feelings. Interview with AFH stated aware of NR comments. Record showed NR with resources available for support. Review of record showed AFH failed to update NR's NCP. Consultation was provided.
2. Interview with NR stated others not associated with AFH would provide transportation but have stopped. Review of AFH records showed AFH does not provide transportation for residents. Interview with AFH staff stated aware of NR's lack of transportation and coordinating with alternate resources for NR's transportation needs. No failed practice was found.
3. Interview with NR stated recently had teeth removed but unable to get dentures. Observations showed AFH with soft food options available for NR's new dietary needs and snacks present in NR room. Interview with NR stated no concerns with AFH and food services provided. No failed practice was found.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A