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) 47533 (Completion Date 10/09/2024) and 42803 (Completion Date 08/02/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/09/2024 and found that you have corrected the violations listed in the Complaint report dated 08/02/2024. 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 388-76-10400-1

The Department staff who did the on-site verification:
Laura Newberry

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

Sincerely,

for

Clinton Fridley, Field Manager
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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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 an unannounced on-site complaint investigation on 06/17/2024 and 06/17/2024 of:

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

This document references the following complaint number(s): 134878, 131327

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

The department staff that investigated the Adult Family Home:

Laura Newberry

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.

Residential Care Services _____ 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) Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(1) The care and services identified in the negotiated care plan.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to provide the needed care and service to 2 of 3 Residents (Resident 1 [R1] and Resident 2 [R2]). This failure resulted in R1 being transported to the hospital with a pressure wound and R2 not receiving care for their toileting and repositioning needs at night.

Findings included…

Review of R1's record, titled "Negotiated Care Plan (NCP)", dated 5/16/2024, showed that they were incontinent (unable to control their bladder or bowels) and required assistance with toileting needs including transfers, being changed every 2 hours during the day and as needed at night, and staff checking to make sure they are clean and dry after toileting.

On 06/17/2024 at 2:16 PM, R1 stated that they called 911 to help them when AFH staff would not. R1 stated AFH staff would get mad at them when they would ask for help to go to the bathroom or if they would pee or poop in their recliner chair and AFH staff made them clean it up. R1 stated they were unable to walk on their own and needs assistance to get up and change their clothes. R1 stated they sometimes sit in their room naked and AFH staff would get mad at them if they didn't get dressed on their own and that they had been left sitting in urine. R1 stated that one caregiver worked in the home, and they did not want to return and would like to live in a place where the staff are nice. R1 stated that they had woke up to ants on them in the AFH.

Review of police record, titled "Welfare Check", dated 6/15/2024, showed R1 was observed sitting in their recliner chair soaked in urine with no pants or underwear on and their legs were swollen with ants on them. Record showed R1 stated that they needed help and that AFH staff had put their clothes next to them and was told to do it by themselves.

Review of department record, titled "Intake", dated 06/15/2024, showed R1 was found sitting in their recliner chair at the AFH with urine pooled on the floor. Record showed R1 was naked from the waist down with swollen legs and ants on her legs. Record showed that AFH staff declined to help R1.

Review of R2's record, titled "Negotiated Care Plan (NCP)", dated 9/19/2023, showed they were incontinent (unable to control their bladder or bowels) and required assistance with their toileting needs including every 2 hours.

Review of R2's record, titled "Assessment", dated 10/04/2023 showed they required repositioning and toileting every two hours.

On 06/17/2024 at 3:07 PM, Caregiver 1 (CG1) stated that R1 did not have any wounds on their body. CG1 stated that there have been ants in the home in R1's room. CG1 stated that they do not check R2 at night after 10 PM for their toileting needs. CG1 stated that they and the Provider worked in the home and that they worked 5 days a week for 24 hours a day and sometimes 7 days straight.

On 06/17/2024 at 3:24 PM, the Provider stated that no residents in the home are helped at night unless it is needed and R2 is checked around 9 -10 PM at night and not checked again until morning for their toileting needs. The Provider stated that R1 did not have any wounds that they were aware of currently.

Review of R1's record, titled "Hospital Admission", dated [redacted]/2024, showed R1 had a stage 2 pressure injury (wound) on their coccyx (bottom).

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)_____ .

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

_____ _____

Provider (or Representative) Date