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

Favored Homes LLC
Favored Homes LLC
1218 N Washington Ave
Centralia, WA 98531

RE: Favored Homes LLC License # 754065

Dear Provider:

This letter addresses Compliance Determination(s) 34533 (Completion Date 12/29/2023) and 32745 (Completion Date 11/17/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/29/2023 and found that you have corrected the violations listed in the Complaint report dated 11/17/2023. Your home is back in compliance as of 11/21/2023 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 388-76-10470-1-a

The Department staff who did the on-site verification:
Andria Underwood, LTC Surveyor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster, Field Manager
Region 3, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Favored Homes LLC
Provider Type: Adult Family Home
License/Cert.#: 754065
Compliance Determination #: 32745
Intake ID: 106909
Investigator: Andria Underwood
Region/Unit #: RCS Region 3 / Unit G
Investigation Date(s): 10/23/2023 through 11/17/2023
Complainant Contact Date(s):

Allegation(s):
Other: medication not being given to resident at ordered times.

Investigation Methods:

Sample: Total residents: 4
Resident sample size: 4
Closed records sample size: 0

Observations: Staff to resident interactions

Interviews: Identified staff

Record Reviews: Medical records

Investigation Summary:
Other: Medication was not being given to resident at ordered times, failed practice found.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 754065	Compliance Determination #32745
Plan of Correction	Favored Homes LLC	Completion Date
Page 1 of 3	Licensee: Favored Homes LLC	11/17/2023

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 an unannounced on-site complaint investigation on 10/23/2023 and 10/23/2023 of:

Favored Homes LLC
1218 N Washington Ave
Centralia, WA 98531

This document references the following complaint number(s): 106909

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

The department staff that investigated the Adult Family Home:

Andria Underwood, 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.

Residential Care Services — 11/20/2023 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) Date

WAC 388-76-10470 Medication Timing Special directions.

(1) The adult family home must ensure medications are given:

(a) At the specific time(s) ordered by the practitioner; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to administer medications at ordered times for 1 of 4 residents (Resident 4). This failure resulted in Resident 4 not receiving correct medication administration.

Findings included...

Record review of Resident 4's Medication Administration Record (MAR) for October 2023 showed a pain medication was to be given every eight hours with food. The MAR showed this medication was being given at daily 08:00 AM, 12:00 PM, and 05:00 PM.

During interview with Caregiver 2 on 10/23/2023 at 11:00 AM, they confirmed the times on the MAR were when they were giving Resident 4 their pain medication and said they were not aware the prescription said every eight hours. Caregiver 2 said that is when Resident 4 wanted their pain medication so they had just been giving it to them at those times.

During interview with the Provider on 10/23/2023 at 11:20 AM, they said they were not aware Resident 4's prescription for pain medication stated it was to be administered every eight hours and would change the medication administration times going forward to be every eight hours.

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, Favored Homes LLC is or will be in compliance with this law and / or regulation on (Date) 11/21st/2023

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

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Page 3 of 3	Licensee: Favored Homes LLC	11/17/2023

Provider (or Representative)	11/21/2023 Date