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

Heart of Joy AFH LLC
Heart of Joy AFH
510 E 75th St
Tacoma, WA 98404

RE: Heart of Joy AFH License # 754940

Dear Provider:

This letter addresses Compliance Determination(s) 45449 (Completion Date 08/09/2024) and 42760 (Completion Date 06/24/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/09/2024 and found that you have corrected the violations listed in the Full report dated 06/24/2024. Your home is back in compliance as of 06/21/2024 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 388-76-10430-1

The Department staff who did the on-site verification:
Carol Byers, AFH Licensor
Emily Vincent, AFH Licensor

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

Sincerely,

Lisa Cramer

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 #: 754940	Compliance Determination # 42760
Plan of Correction	Heart of Joy AFH	Completion Date
Page 1 of 4	Licensee: Heart of Joy AFH LLC	06/24/2024

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 06/13/2024 and 06/13/2024 of:
Heart of Joy AFH
510 E 75th St
Tacoma, WA 98404

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 inspected the Adult Family Home:

Emily Vincent, AFH Licensor
Carol Byers, 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.

Lisa Cramer
Residential Care Services

06/25/2024
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.

Joy Atienzo RN
Provider (or Representative)

6/25/2024
Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the adult family home (AFH) failed to ensure a safe medication management system for 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) when the AFH Provider initialed residents' medication administration records (MAR) in advance of the scheduled administration times for multiple medications. This failure placed all residents at risk of health complications in the event of documentation and/or medication administration errors.

Findings included...

Resident 3
Record review of Resident 3's June 2024 MAR showed the Provider initialed Resident 3's medications in advance of their scheduled administration times as follows on 06/13/2024:

- Atorvastatin (a treatment for high cholesterol) 40 milligrams (mg), one tablet daily at bedtime, was already initialed as administered for 8:00 PM.
- Buffered Vitamin C with Calcium and Magnesium (an antioxidant and mineral supplement), one capsule two times a day, was already initialed as administered for 8:00 PM.

- Oxycodone (a narcotic pain reliever) 5 mg, one tablet every four hours as needed for pain, was already initialed as administered five times on 06/13/2024.

Resident 4
Record review of Resident 4's June 2024 MAR showed the Provider initialed Resident 4's medications in advance of their scheduled administration times as follows on 06/13/2024:

- Carbidopa-Levodopa (a treatment for Parkinson's Disease symptoms, like tremors) 25-100 mg, one ½ tablet (12.5-50 mg) five times daily at 8 AM, 12 PM, 4 PM, 6 PM, and 8 PM, was already initialed as administered for 12:00 PM, 4:00 PM, 6:00 PM, and 8:00 PM.
- Carbidopa-Levodopa 25-100 mg, one tablet twice daily at 10 AM and 2 PM, was already

initialed as administered for 2:00 PM.

- Clonazepam (a treatment for anxiety and agitation) 0.5 mg, one ¼ tablet (0.125 mg) three times daily at 8 AM, 12 PM, and 4 PM, was already initialed as administered for 12:00 PM and 4:00 PM.

- Creon (a treatment for pancreatic enzyme insufficiency) 24,000 units, one capsule three times daily with breakfast at 8 AM, lunch at 12 PM, and dinner at 5 PM, was already initialed for 12:00 PM and 5:00 PM.

- Dicyclomine (a treatment for irritable bowels) 20 mg, one tablet twice daily, was already initialed as administered for 8:00 PM.

- Simethicone (a treatment for abdominal gas and bloating) 80 mg, one capsule twice daily, was already initialed as administered for 8:00 PM.

- Midodrine (a treatment for low blood pressure) 2.5 mg, one tablet twice daily with meals at 8 AM and 2 PM, was already initialed as administered for 2:00 PM.

- Quetiapine (a treatment for psychosis) 25 mg, one tablet daily at bedtime, was already initialed as administered for 8:00 PM.

- Senna (a treatment for constipation) 8.6 mg, one tablet three times daily, was already initialed for 2:00 PM and 8:00 PM.

- Simvastatin (a treatment for high cholesterol) 20 mg, one tablet daily at bedtime, was already initialed as administered for 8:00 PM.

- Trazadone (a treatment for insomnia) 100 mg, one tablet at bedtime, was already initialed as administered for 8:00 PM.

- Xarelto (a treatment for blood clots) 10 mg, one tablet every evening with dinner, was already initialed as administered for 5:00 PM.

On 06/13/2024 at 11:00 AM, the AFH Provider said they initialed the MARs because Caregiver A and Caregiver B were not yet trained to document on the MARs and the Provider wanted to ensure the MARs were filled out correctly.

On 06/24/2024 at 3:15 PM, in an interview, the Provider said Caregiver A applied for a registered nursing assistant (NAR) certificate, but it was still pending on 06/13/2024. Caregiver B had their NAR and was assisting residents with their medication administration and administering medications for Resident 1, but the Provider and Caregiver C were initialing the MARs for Caregiver B once a day while they were onsite. The Provider said they wanted to wait until both Caregiver A and Caregiver B had their NAR certificates and were delegated to administer Resident 1's medications before the Provider trained them to fill out MARs. The Provider said they filled out the MARs in advance of scheduled medication administration times for Resident 1, Resident 2, Resident 3, and Resident 4 on the morning of 06/13/2024, because they planned to leave and not return for the rest of the day. The Provider said they usually waited until the end of the day to initial the MARs

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after all of the residents' medications were administered, but the Provider and Caregiver C were putting their own initials on the MARs for medications that were administered by Caregiver B.

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, Heart of Joy AFH is or will be in compliance with this law and / or regulation on (Date) 6/21/2024 .

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

Joy Atienza, RN
Provider (or Representative)

6/25/2024
Date

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

Heart of Joy AFH LLC
Heart of Joy AFH
510 E 75th St
Tacoma, WA 98404

RE: Heart of Joy AFH # 754940

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/24/2024 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 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The adult family home (AFH) had a plan for continuity of resident care, services and AFH operations in the event the AFH Provider was unable to fulfill their duties in the home, but the Provider had not documented the plan and placed a copy in their administrative records. The AFH Provider ensured their succession plan was documented and available for review before the completion of the licensing inspection.

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

(3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

The adult family home (AFH) had sufficient personal protective equipment (PPE), caregivers had basic knowledge of infection prevention and control practices, and they completed a written Respiratory Protection Program (RPP), but some AFH caregivers had not been fit-tested for N-95 respirators as required by the Occupational Health and Safety Administration (OSHA). The AFH Provider ensured all caregivers were fit-tested for respirators before the completion of the licensing inspection.

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

The adult family home (AFH) did not sign and date Resident 3's personal belongings inventory list or ensure Resident 3 and/or their representative signed and dated the inventory list as required. Before completion of the licensing inspection, the AFH Provider

and Resident 3's representative signed and dated Resident 3's itemized personal belongings inventory list.

WAC 388-76-10335 Resident assessment topics. The adult family home must ensure that each resident's assessment includes the following minimum information:

(4) Medication management:

(a) The ability of the resident to be independent in managing medications;

(b) The amount of medication assistance needed;

(c) If medication administration is required; or

(d) If a combination of the elements in (a) through (c) above is required.

(11) Functional abilities in relationship to activities of daily living including:

(a) Eating;

(b) Toileting;

(c) Walking;

(d) Transferring;

(e) Positioning;

(f) Personal hygiene;

(g) Dressing; and

(h) Bathing.

(12) Preferences and choices about daily life that are important to the resident, including but not limited to:

(a) The food that the resident enjoys;

(b) Meal times; and

(c) Sleeping and nap times.

(13) Activities.

The adult family home (AFH) did not ensure Resident 4's annual assessment included information about Resident 4's medication management needs, functional abilities, and preferences about activities and other aspects of daily life as required. The AFH Provider ensured Resident 4's assessment included all required assessment information before the completion of the licensing inspection.

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(3) Be provided to all prospective residents, before admission to the home;

The adult family home (AFH) did not ensure Resident 4 and/or their representative had an opportunity to review and sign the AFH's policy on accepting Medicaid as a payment source before Resident 4 moved into the home. The AFH Provider misunderstood the requirement but provided a copy of the home's Medicaid payment policy to Resident 4's representative to review and sign as soon as the Provider understood all AFH residents were required to review and sign the policy regardless of current payment source.

WAC 388-76-10270 Tuberculosis Testing method Required. The adult family home must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

(a) Within forty-eight to seventy-two hours of the test; and

The adult family home (AFH) did not ensure the AFH Provider and Caregiver C's Mantoux intradermal (skin) tuberculosis (TB, an infectious respiratory disease) test results were read as required within 48 to 72 hours of tuberculin administration (a sterile protein extract from cultures of tubercle bacillus, a bacterium, administered by syringe under the skin to test for active infection or immunity to TB). The Provider and Caregiver C had additional TB testing on a later date that showed no active TB infection results.

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

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