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

Maz Adult Family Home LLC

Maz Adult Family Home LLC
4811 Lacey Blvd SE
Lacey, WA 98503

RE: Maz Adult Family Home LLC License # 755223

Dear Provider:

This letter addresses Compliance Determination(s) 50948 (Completion Date 12/10/2024) and 47308 (Completion Date 10/15/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/10/2024 and found that you have corrected the violations listed in the Full report dated 10/15/2024. Your home is back in compliance as of 10/29/2024 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 388-76-10380-2, WAC 388-76-10380-1

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

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley

Michael Burdick, Field Manager
Region 3, Unit G
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

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 09/17/2024 and 10/09/2024 of:

Maz Adult Family Home LLC
4811 Lacey Blvd SE
Lacey, WA 98503

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected 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

10.16.2024
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.

This document was prepared by Residential Care Services for the Locator website.

Provider (or Representative) 10/29/24 Date

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:

(1) After an assessment for a significant change in the resident's physical or mental condition;

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

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to update negotiated care plan for one of four residents (Resident 3/ R3) after state assessment was completed due to significant changes in services. This failure placed R3 at risk for harm due to not receiving care based on current care needs.

Findings included...

Record review of R3 revealed R3 was admitted on [redacted]/2024 with a state assessment completed on 05/01/2024 and AFH negotiated care plan (NCP) completed on 05/16/2024. On 05/24/2024, an updated state assessment was completed due to added behavioral support treatment. There were no updates to current NCP to add behavioral changes and behavioral support treatment. Current NCP reported that Resident 3 was a 3--4-person extensive assist with [redacted] for mobility/transferring and required a wheelchair inside and outside of the home. Resident 3's state assessment completed on 05/24/2024 stated they are limited assistance with mobility, transfers with assistance at clients request and uses a walker as needed.

On 09/17/2024 at 10:30 AM, R3 was observed to be walking independently without assistive devices and able to get up from seated position on their own.

While speaking with Provider on 09/17/2024 at 10:20 AM, they reported R3 to be standby assistance with mobility and occasionally using a walker. Provider stated they had forgotten to update the NCP after the recent state assessment and did not realize the NCP said Resident 3 was a 3--4-person total transfer. Provider said this was an oversight.

Attestation Statement

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 755223	Compliance Determination # 47308
Plan of Correction	Maz Adult Family Home LLC	Completion Date
Page 3 of 3	Licensee: Maz Adult Family Home LLC	10/15/2024

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, Maz Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 10/29/24 .

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

Provider (or Representative) 10/29/24 Date

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Maz Adult Family Home LLC
Maz Adult Family Home LLC
4811 Lacey Blvd SE
Lacey, WA 98503

RE: Maz Adult Family Home LLC # 755223

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/15/2024 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:

Michael Burdick, 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 388-76-10750 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 keep home in good repair for 1 of 2 resident bathrooms. During environmental tour on 09/17/2024 the back hallway bathroom toilet seat was observed to be cracked. Provider said their residents don't really use this restroom as it is on other side of the house as rooms, so had not gotten around to fixing the toilet seat but would replace toilet seat. Consultation provided.

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

The Adult Family Home (AFH) failed to complete yearly emergency evacuation drill for 2023. Provider said they know they completed a full evacuation and must have documented it incorrectly. Provider has completed full evacuations in 2022 and 2024, consultation provided.

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) failed to have a written succession plan completed. Provider was able to verbalize what would happen if they were unable to fulfill duties at time of inspection but was not aware it had to be written down. Provider completed written succession plan and sent document to Department, consultation provided.

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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 (360)450-1218.

Sincerely,

Michael Burdick, 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:
Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:

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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

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