



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Lilac Gardens Adult Family Home, LLC
Lilac Gardens Adult Family Home, LLC
130 Lilac Dr
Mount Vernon, WA 98273

RE: Lilac Gardens Adult Family Home, LLC License # 755586

Dear Provider:

This letter addresses Compliance Determination(s) 33916 (Completion Date 12/14/2023) and 31013 (Completion Date 10/24/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/14/2023 and found that you have corrected the violations listed in the Full report dated 10/24/2023. Your home is back in compliance as of 11/30/2023 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 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b

The Department staff who did the on-site verification:

Toni Bolo, Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, Field Manager
Region 2, Unit B
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
3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 755586	Compliance Determination #31013
Plan of Correction	Lilac Gardens Adult Family Home, LLC	Completion Date
Page 1 of 3	Licensee: Lilac Gardens Adult Family Home, LLC	10/24/2023

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 the unannounced on-site full inspection on 10/12/2023 and 10/12/2023 of:

Lilac Gardens Adult Family Home, LLC
130 Lilac Dr
Mount Vernon, WA 98273

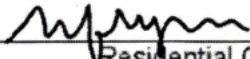
The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Nichollette Flynn, AFH Field Manager
Toni Bolo, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

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

Manan
Provider (or Representative)

11/30/23
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a current Washington state name and date of birth background check for 1 of 4 staff members (Staff A, Entity Representative). This placed 4 of 4 residents (Residents 1, 2, 3, & 4) at risk of receiving care from an AFH staff member with an unknown or unverified background.

Findings included...

Record review of Staff A's employee file, dated 05/17/2022, showed no record of a Washington state name and date of birth background check.

In an interview, on 10/12/2023 at 12:56 PM, Staff A stated that they could not find their Washington state name and date of birth background check in the online system.

Record review of the AFH's initial licensing paperwork in the Department's Secure Tracking and Reporting System (STARS), on 10/13/2023 at 08:00AM, showed a Washington state name and date of birth background check was done for Staff A on 09/16/2021. Staff A's Washington state name and date of birth background check was expired and overdue by twenty-six days.

Attestation Statement

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

Statement of Deficiencies

License #: 755586

Compliance Determination #31013

Plan of Correction

Lilac Gardens Adult Family Home, LLC

Completion Date

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Licensee: Lilac Gardens Adult Family Home, LLC

10/24/2023

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, Lilac Gardens Adult Family Home, LLC is or will be in compliance with this law and / or regulation on
(Date) 11/30/23

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

Manan
Provider (or Representative)

11/30/23
Date

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

AMENDED
11/20/2023

Lilac Gardens Adult Family Home, LLC
Lilac Gardens Adult Family Home, LLC
130 Lilac Dr
Mount Vernon, WA 98273

RE: Lilac Gardens Adult Family Home, LLC # 755586

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/24/2023 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:

Nichollette Flynn, Field Manager
Residential Care Services
Region 2, Unit B
3906-172nd St NE, Suite #100

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

Lilac Gardens Adult Family Home, LLC #755586

10/24/2023

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Arlington, WA 98223

- 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 388-76-10522 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:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(6) Be signed and dated by the resident and kept in the resident record after signature.

The Adult Family Home (AFH) failed to have their Medicaid policy signed and dated for Resident 1. Staff A, Entity Representative, stated they did not know [REDACTED] residents had to sign the Medicaid policy.

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.

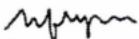
You May:

- 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 (206)348-9350.

Sincerely,



Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

Enclosure

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

**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:

Nichollette Flynn, Field Manager
Residential Care Services
Region 2, Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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>

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

Lilac Gardens Adult Family Home, LLC #755586

10/24/2023

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