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

Wema Adult Family Home LLC

Wema Adult Family Home LLC
1115 99th St E
Tacoma, WA 98445

RE: Wema Adult Family Home LLC License # 755695

Dear Provider:

This letter addresses Compliance Determination(s) 30816 (Completion Date 10/10/2023) and 28120 (Completion Date 09/11/2023).

The Department completed a follow-up inspection of your Adult Family Home on 10/10/2023 and found that you have corrected the violations listed in the Complaint report dated 09/11/2023. Your home is back in compliance as of 09/20/2023 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 388-76-10616-1, WAC 388-76-10616-1-a, WAC 388-76-10616-1-b, WAC 388-76-10616-1-c, WAC 388-76-10616-1-d, WAC 388-76-10616-1-e, WAC 388-76-10616-1-f, WAC 388-76-10616-3

The Department staff who did the on-site verification:
Tabitha Tubbs, AFH Complaint Investigator

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

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Wema Adult Family Home LLC
Provider Type: Adult Family Home
License/Cert.#: 755695
Intake ID: 90234
Compliance Determination #: 28120
Region/Unit #: RCS Region 3 / Unit A
Investigator: Tabitha Tubbs
Investigation Date(s): 08/16/2023 through 09/11/2023
Complainant Contact Date(s): 08/15/2023

Allegation(s):
The reporter stated the adult family home (AFH) refused to accept the Resident 1 (R1) back from the hospital after an elective medical procedure.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 2 Closed records sample size: 0
Observations:	Residents Dining Resident rooms Kitchen Food preparation
Interviews:	Residents Staff Provider Other department staff
Record Reviews:	Negotiated care plan Assessment Department records Progress notes Medical records

Investigation Summary:
Based on interviews and record review, the AFH refused to accept R1 back from the hospital and did not issue a discharge notice. Failed facility practice was identified.

Conclusion / Action:

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

☐ N/A

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 08/16/2023, 08/16/2023 and 09/11/2023 of:

Wema Adult Family Home LLC
1115 99th St E
Tacoma, WA 98445

This document references the following complaint number(s): 90234

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 investigated the Adult Family Home:

Tabitha Tubbs, AFH Complaint Investigator

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.

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 388-76-10616 Resident rights Transfer and discharge notice.

(1) Before a home transfers or discharges a resident, the home must give the resident and the resident's representative a written thirty day notification informing them of the transfer or discharge. The home must also make a reasonable effort to notify, if known, any interested family member. The written notification must be in a language and manner the resident understands and include the following:

(a) The reason for transfer or discharge;

(b) The effective date of transfer or discharge;

(c) The location where the resident is transferred or discharged if known at the time of the thirty-day discharge notice;

(d) The name, address, and telephone number of the state long-term care ombuds;

(e) For residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of individuals with a developmental disability; and

(f) For residents with mental illness, the mailing address and telephone number of the agency responsible for the protection and advocacy of individuals with mental illness.

(3) A copy of the written notification must be in the resident's records.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the adult family home (AFH) failed to re-admit 1 of 4 residents (Resident 1) after they went to the hospital for an elective medical procedure. The AFH failed to issue a discharge notice to the Resident 1 (R1) prior to refusing to re-admit R1. These failures placed R1 at risk for not having a safe place to live.

Findings included...

During an interview on 08/16/2023 at 10:41am, Staff (Caregiver A) stated R1 went to the hospital and that the home could not take them back due to R1's violent and abusive behavior. Caregiver A stated a discharge notice was not issued.

During an interview on 08/16/2023 at 09:56am, the Department Case Manager stated that R1 was admitted to the hospital for elective surgery and then the AFH refused to accept them back. They stated they had not been notified of any specific reason for the refusal and a discharge notice was not issued.

During an interview on 09/11/2023 at 12:40pm, the Provider stated a discharge notice was not issued.

During record review, the Case Manager's records did not mention that a discharge notice had been submitted.

During record review, R1's file did not have a copy of a discharge notice.

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, Wema 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