STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

AJ Total Care AFH, LLC
AJ Total Care AFH LLC
10402 E 4th Ave
Spokane Valley, WA 99206

RE: AJ Total Care AFH LLC License # 755798

Dear Provider:

This letter addresses Compliance Determination(s) 42030 (Completion Date 05/28/2024) and 38480 (Completion Date 05/06/2024).

The Department completed a follow-up inspection of your Adult Family Home on 05/28/2024 and found that you have corrected the violations listed in the Complaint, Full report dated 05/06/2024. Your home is back in compliance as of 05/13/2024 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 388-76-10375-1, WAC 388-76-10320-10-a, 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:
Scott Sorensen, AFH Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Field Manager
Region 1, Unit E
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

AMENDED
05/07/2024

AJ Total Care AFH, LLC
AJ Total Care AFH LLC
10402 E 4th Ave
Spokane Valley, WA 99206

RE: AJ Total Care AFH LLC # 755798

Dear Provider:

This document references the following complaint numbers 123500, 124107, 124053.

The Department completed a full inspection of your Adult Family Home on 05/06/2024 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:

Selena Clemons, Field Manager
Residential Care Services

Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

• 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 388-76-10380 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:

(4) At least every twelve months.

The Adult Family Home did not review and revise one resident's negotiated care plan every 12 months. The Provider stated that they did not realize it was over 12 months and would resolve the issue as soon as possible. There were no residents or representatives that expressed concerns related to the document.

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

The Adult Family Home did not to obtain an annual assessment for one resident as required. No significant changes in the resident's level of care and services occurred during that time. No negative outcome to the resident was identified.

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:

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

The Adult Family Home did not ensure one resident had signed and dated the Medicaid policy. The Provider stated that they forgot to obtain a signature and date from the representative and would resolve the issue as soon as possible. No negative outcome to the resident was identified.

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 (509)598-0182.

Sincerely,

Selena Clemons, Field Manager
Region 1, Unit E
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:
Selena Clemons, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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

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 and complaint investigation on 03/18/2024 and 03/22/2024 of:
AJ Total Care AFH LLC
10402 E 4th Ave
Spokane Valley, WA 99206

This document references the following complaint numbers: 123500, 124107, 124053.

The following sample was selected for review during the unannounced on-site visit: 6 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Scott Sorensen, AFH Licensor
Selena Clemons, Interim Community Field Manager

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to obtain a signature and date from a resident's representative on the negotiated care plan (NCP) for 5 of 5 sampled residents (Resident 1, 2, 3, 4 & 5). This failure put residents at risk for receiving care and services not agreed upon.

Findings included…

Review of Resident 1's NCP, dated 01/30/2024, showed the resident did not sign and date the document.

Review of Resident 2's NCP, dated 09/01/2023, showed the resident did not sign and date the document.

Review of Resident 3's NCP, dated 02/15/2023, showed the resident did not sign and date the document.

Review of Resident 4's NCP, dated 09/18/2023, showed the resident did not sign and date the document.

Review of Resident 5's NCP, dated 09/01/2023, showed the resident did not sign and date the document.

During an interview on 03/22/2024 at 11:10 AM, Staff A, Provider, stated that they forgot to have the residents sign and date the documents.

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, AJ Total Care AFH 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

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the resident's inventory list for personal belongings was completed for 2 of 2 sampled residents (Resident 1 & 2). This failure placed the resident at risk for the loss of personal possessions.

Findings included...

Observation on 03/18/2024 at 12:05 PM showed Resident 1 & 2 had personal belongings inside their bedrooms.

Review of Resident 1's records showed the date of admission was [redacted]/2023, and there was an inventory list for personal belongings that was not signed and dated by the resident.

Review of Resident 2's records showed the date of admission was [redacted]/2022, and there was an inventory list for personal belongings that was not signed and dated by the resident.

During an interview on 03/22/2024 at 11:10 AM, Staff A, Provider, stated that they forgot to have the residents sign and date the document.

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, AJ Total Care AFH 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

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 obtain an updated Washington state name and date of birth background check result for 1 of 7 sample staff (Staff G). This failure placed residents at risk for receiving care from individuals not qualified to have access to vulnerable adults.

Findings included...

Review of staff records on 03/22/2024 showed Staff G, Caregiver, had a Washington state name and date of birth background check result that expired on 11/13/2023 (130 days overdue).

During an interview on 03/22/2024 at 11:10 AM, Staff A, Provider, stated that they did not realize Staff G's Washington state name and date of birth background check was expired.

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, AJ Total Care AFH 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