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

Jollyplace AFH LLC

Jollyplace AFH LLC
10710 101st Street Ct SW
Tacoma, WA 98498

RE: Jollyplace AFH LLC License # 755864

Dear Provider:

This letter addresses Compliance Determination(s) 34229 (Completion Date 12/21/2023) and 30410 (Completion Date 11/08/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/21/2023 and found that you have corrected the violations listed in the Full report dated 11/08/2023. Your home is back in compliance as of 11/20/2023 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 388-76-10360, WAC 388-76-10430-1, WAC 388-76-10430-3, WAC 388-76-10475-3-a, WAC 388-76-10750-6-c

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

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Field Manager
Region 3, Unit G
Residential Care Services

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

Statement of Deficiencies	License #: 755864	Compliance Determination # 30410
Plan of Correction	Jollyplace AFH LLC	Completion Date
Page 1 of 6	Licensee: Jollyplace AFH LLC	11/08/2023

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 10/02/2023 and 10/02/2023 of:
Jollyplace AFH LLC
10710 101st Street Ct SW
Tacoma, WA 98498

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:

Andria Underwood, LTC Surveyor

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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.

Jennifer LaMaster
Residential Care Services

11/14/2023
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.

Statement of Deficiencies	License #: 755864	Compliance Determination # 30410
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Provider (or Representative)

11/20/2023
Date

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to complete Negotiated Care Plans (NCP) within 30 days of admission for 3 of 4 residents (Resident 1, Resident 3, and Resident 4). This failure placed Residents 1,3 and 4 at risk of not receiving required care.

Findings included...

Record review of Resident 1's file showed they were admitted to the AFH on [redacted]/2023. Review of their NCP showed it was created on 06/07/2023.

Record review of Resident 3's file showed they were admitted to the AFH on [redacted]/2023 and no NCP had been created as of the inspection date on 10/02/2023.

Record review of Resident 4's file showed they were admitted to the AFH on [redacted]/2023. Review of their NCP showed it was created on 08/15/2023.

During interview with Provider on 10/02/2023 at 11:10 AM, they said they had forgotten to complete NCPs within the required timeframe and verbalized understanding that NCPs were to be created within 30 days of admission.

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, Jollyplace AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11/20/2023 .

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

Provider (or Representative) 11/20/2023 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.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on record review, observations and interview, the Adult Family Home (AFH) failed to keep an accurate medication supply for 4 of 4 residents (Residents 1, 2, 3 and 4). This failure placed Residents 1, 2, 3, and 4 at risk of not receiving medications when needed.

Findings included...

Record review of Resident 1's Medication Administration Record (MAR) for October 2023 and September 2023 showed prescriptions for a smoking patch, two different constipation medications, a pain reliever, a sleep medication, and a stomach ache medication. Observations of Resident 1's medication supply on 10/02/2023 at 11:30 AM showed these medications were missing from supply.

During interview with Provider on 10/02/2023 at 11:35 AM, they said they were not aware these medications were not delivered with Resident 1's other medications and would call the pharmacy.

Record review of Resident 2's MAR for October 2023 and September 2023 showed a prescription for a pain reliever. Observations of Resident 2's medication supply on 10/02/2023 at 11:45 AM showed this medication was missing from supply.

During interview with Provider on 10/02/2023 at 11:47 AM, they said they were not aware this medication was missing and would call the pharmacy to get it filled.

Record review of Resident 3's MAR for October 2023 and September 2023 showed prescriptions for a pain patch and a smoking patch to be given as needed. Observations of Resident 3's medication supply on 10/02/2023 at 11:20 AM showed both medications were missing from supply.

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During interview with Provider on 10/02/2023 at 11:25 AM, they said both the pain patch and smoking patch were discontinued recently. Provider said they did not have any documentation showing these two medications were discontinued.

Record review of Resident 4's MAR for October 2023 and September 2023 showed a prescription for a pain patch. Observations of Resident 4's medication supply on 10/02/2023 at 10:50 AM showed the pain patch was missing from supply.

During interview with Provider on 10/02/2023 at 11:00 AM, they said the pain patch was discontinued. Provider said they did not have any documentation that the pain patch had been discontinued.

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, Jollyplace AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11/20/2023 .

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

Provider (or Representative) 11/20/2023 Date

WAC 388-76-10475 Medication Log. The adult family home must:

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

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This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to document medication administration for 4 of 4 residents (Residents 1, 2, 3, and 4). This failure placed Residents 1, 2, 3, and 4 at risk of not receiving medications as prescribed.

Findings included...

Record Review of Resident 1's Medication Administration Record (MAR) for September 2023 and October 2023 showed missing staff administration initials for multiple medications on 09/28/2023, 09/29/2023, 09/30/2023, and all nightly medications on 10/01/2023.

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Record Review of Resident 2's MAR for September 2023 and October 2023 showed missing staff administration initials for all medications for 09/30/2023, 10/01/2023, and 10/02/2023.

Record Review of Resident 3's MAR for September 2023 and October 2023 showed missing staff administration initials for all medications on 09/28/2023, 09/29/2023, 09/30/2023, 10/01/2023, and 10/02/2023.

Record Review of Resident 4's MAR for September 2023 and October 2023 showed missing staff administration initials for all medications on 09/30/2023, 10/01/2023, and 10/02/2023.

During interview with Provider on 10/02/2023 at 11:40 AM, they said they were the only caregiver who administered the medications and they had just forgotten to initial the residents' MARs on those days. Provider confirmed all residents received their medications as prescribed every day and said it was just a paperwork mistake.

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, Jollyplace AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11/20/2023 .

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

Provider (or Representative) Date 11/20/2023

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

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Tumwater Field Office

This requirement was not met as evidenced by:

Based on observations and interview, the Adult Family Home (AFH) failed to ensure the home's hot water did not exceed 120 degrees Fahrenheit. This failure placed all residents at risk for injury.

Findings included...

Statement of Deficiencies	License #: 755864	Compliance Determination # 30410
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During environmental tour on 10/02/2023 at 10:18 AM, the water temperature in the hall bathroom 1 sink measured 132.2 degrees Fahrenheit. On 10/02/2023 at 10:25 AM, the water temperature in Bedroom C's bathroom sink measured 133.5 degrees Fahrenheit. On 10/02/2023 at 10:30 AM, the water temperature in second hall bathroom sink measured 142.5 degrees Fahrenheit.

During interview with Provider on 10/02/2023 at 10:35 AM, they said they had recently turned up the water heater as residents and staff were reporting water was too cold so he must have turned the water heater up too high.

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, Jollyplace AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11/20/2023 .

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

Provider (or Representative) — Date: 11/20/2023

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

Jollyplace AFH LLC
Jollyplace AFH LLC
10710 101st Street Ct SW
Tacoma, WA 98498

RE: Jollyplace AFH LLC # 755864

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/08/2023 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:

Jennifer LeMaster, 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 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

The Adult Family Home failed to have 1 of 2 caregivers (Caregiver 1) complete Tuberculosis testing within 3 days of employment. Caregiver 1 had one negative tuberculosis skin test 7 months after their hire date but had not completed another skin test as on 10/02/2023. Caregiver 1 completed another negative skin test on 10/03/2023. Consultation was provided.

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;

(2) Be provided both orally and in writing in a language the resident understands;

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

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

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

The Adult Family Home failed to complete a Medicaid Policy form with 3 of 4 residents (Residents 1, 2 and 3). Provider completed signed Medicaid policy forms for Residents 1, 2 and 3 within 48 hours of inspection. Consultation was provided.

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(4) Criminal history disclosure and background check results as required.

The Adult Family Home failed to keep former employee documentation for two years after their date of departure. Consultation was provided.

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

The Adult Family Home failed to have a minimum of three gallons of emergency water per person on site. Provider immediately purchased emergency water and corrected the supply within 24 hours of inspection. Consultation was provided.

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)664-8421.

Sincerely,

Jennifer LeMaster, 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:
Jennifer LeMaster, 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:
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 IDR**s 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