



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

11/07/2024

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

RE: Jollyplace AFH LLC # 755864

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 49130 (Completion Date 11/07/2024) and 46880 (Completion Date 09/26/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/07/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

The Department staff who did the On Site verification:

Laura Newberry

If you have any questions, please contact me at (360)746-4675.

Sincerely,

Clinton Fridley, 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

Statement of Deficiencies	License #: 755864	Compliance Determination # 46880
Plan of Correction	Jollyplace AFH LLC	Completion Date
Page 1 of 3	Licensee: Jollyplace AFH LLC	09/26/2024

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

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

This document references the following complaint number(s): 144720

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Laura Newberry

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.

Clinton Fridley
Residential Care Services

09/30/2024
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.

10.03.2024 08:17:08

State of Washington

7/9

Statement of Deficiencies

License #: 755864

Compliance Determination # 48860

Plan of Correction

Jollyplace AFH LLC

Completion Date

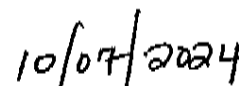
Page 2 of 3

Licensee: Jollyplace AFH LLC

09/26/2024



Provider (or Representative)



Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the adult family home (AFH) failed to ensure medications were given as prescribed for 1 of 6 Residents (Resident 2 [R2]). This failure resulted in R2 not receiving their medications as ordered.

Findings included...

Review of R2's record, titled "Assessment", dated 06/07/2024, showed they required assistance taking their medications including handing them their medications in a cup and reminding R2 to take their medications.

On 09/10/2024 at 12:54 PM, observed R2 come into the dining room and hand Caregiver 1 (CG1) a cup full of medications. R2 stated that the medications were from the night before and they forgot to take them.

On 09/10/2024 at 12:54 PM, CG2 stated that they gave R2 their medications last night but must have forgot to watch R2 take them.

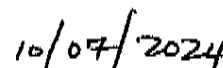
Attestation Statement

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) 10/07/2024.

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



Provider (or Representative)



Date

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

Provider (or Representative)

Date**WAC 388-76-10430 Medication system.**

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

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Provider (or Representative)

Date

Statement of Deficiencies

License #: 755864

Compliance Determination # 46880

Plan of Correction

Jollyplace AFH LLC

Completion Date

Page 3 of 3

Licensee: Jollyplace AFH LLC

09/26/2024

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