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

Richard P. Diaz
Carna Diaz Adult Family Home
1501 EVANSTON CT NE
OLYMPIA, WA 98506

RE: Carna Diaz Adult Family Home License # 755865

Dear Provider:

This letter addresses Compliance Determination(s) 61955 (Completion Date 07/28/2025) and 56800 (Completion Date 04/17/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/28/2025 and found that you have corrected the violations listed in the Full report dated 04/17/2025. Your home is back in compliance as of 06/15/2025 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 388-76-10129-1-a, WAC 388-76-10129-1-d, WAC 388-76-10129-1-e, WAC 388-76-10750-1, WAC 388-76-10750-2, WAC 388-76-10750-3, WAC 388-76-10750-6, WAC 388-76-10750-6-a, WAC 388-76-10750-6-b, WAC 388-76-10750-6-c, WAC 388-76-10750-7, WAC 388-76-10485-1, WAC 388-76-10705-1-a, WAC 388-76-10705-1-b, WAC 388-76-10705-1, WAC 388-76-10705-2-b, WAC 388-76-10620-1, WAC 388-76-10620-2-c, WAC 388-76-10415-1, WAC 388-76-10415-2-b-i, WAC 388-76-10685-6, WAC 388-76-10201, WAC 388-76-10201-1, WAC 388-76-10201-2, WAC 388-76-10430, WAC 388-76-10430-1, WAC 388-76-10430-2, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3, WAC 388-76-10380, WAC 388-76-10380-4, WAC 388-76-10895, WAC 388-76-10895-2, WAC 388-76-10895-2-a, WAC 388-76-10895-2-b, WAC 388-76-10522, WAC 388-76-10522-1, WAC 388-76-10522-2, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10532, WAC 388-76-10532-1, WAC 388-76-10532-1-a, WAC 388-76-10532-1-b, WAC 388-76-10532-1-c, WAC 388-76-10532-2, WAC 388-76-10532-2-a, WAC 388-76-10532-2-b, WAC 388-76-10532-2-c, WAC 388-76-10865-1

The Department staff who did the on-site verification:
Colleen Arthur, AFH Nurse Licensor
Daphne Gill, LTC Surveyor
Jennifer LeMaster, Community Nurse Field Manager

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

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse 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

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 03/04/2025 of:

Carna Diaz Adult Family Home
1501 EVANSTON CT NE
OLYMPIA, WA 98506

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Daphne Gill, LTC Surveyor
Colleen Arthur, AFH Nurse Licensor

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 LeMaster
Residential Care Services

04/29/2025
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)

5/9/25
Date

WAC 388-76-10129 Qualifications Adult family home personnel.

(1) The adult family home must ensure that any person employed or used by the adult family home, directly or by contract, is qualified and meets all of the applicable requirements of this chapter and chapter 388-112A WAC. This may include, but is not limited to:

(a) The provider;

(d) Staff; and

(e) Caregivers.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure staff met all training requirements for 4 of 4 current staff (Provider, Caregiver A, Caregiver B, Caregiver C). This failure resulted in 5 of 5 residents (Residents 1, 2, 3, 4, and 5) receiving care and services from caregivers who did not have required training and placed them at risk for harm.

Findings included...

Observation on 03/04/2025 at 11:45 AM, showed that Caregiver A and the Provider were both in the AFH working.

Record review on 03/04/2025 of AFH Administrative records for the Provider showed that the Provider did not have a current and valid Cardiopulmonary Resuscitation Card (CPR) or valid First Aid training and that their previous CPR/First Aid card had expired on 11/22/2024.

Record review on 03/04/2025 of AFH Administrative records for Caregiver A showed that Caregiver A did not have a current and valid CPR Card or valid First Aid training and that their previous CPR/First Aid card had expired on 12/03/2024.

Record review on 03/04/2025 of AFH Administrative records for Caregiver B showed that Caregiver B did not have a current and valid Food Handlers training, and that their previous Food Handlers had expired on 12/30/2024. Caregiver B did not have a current and valid CPR Card or valid First Aid training and their previous CPR/First Aid card had expired on 12/03/2024.

Record review on 03/04/2025 of AFH Administrative records for Caregiver C showed that Caregiver C was hired on 09/15/2023 and that Caregiver C had not completed the AFH Orientation and did not have their contact information on file.

In an interview on 03/04/2025 at 1:00 PM, the Provider stated they didn't have a current CPR card for themselves, then stated probably none of the staff did.

In an interview on 03/04/2025 at 1:30 PM, the Provider stated they did not know the AFH Orientation was required and thought that it was just an old form the prior provider had made up.

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, Carna Diaz Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/15/25 .

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

Provider (or Representative) — Date: 5/9/25

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(2) Ensure that there is existing outdoor space that is safe and usable for residents;

(3) Provide clean, functioning, safe, adequate household items and furnishings to meet the needs of each resident;

(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:

(a) Tubs;

(b) Showers; and

(c) Sinks;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observations and interviews, the Adult Family Home (AFH) failed to keep the home both internally and externally safe, comfortable, sanitary, homelike and free of hazards for 5 of 5 residents (Residents 1,2, 3, 4 and 5). This failure resulted in all residents receiving care and services in an environment that was not safe, sanitary or homelike and placed all residents at risk for injury from unsafe outdoor and indoor spaces.

Findings included...

Observation on 03/04/2025 at 11:48 AM, showed that the AFH was cluttered with boxes, stored food items and miscellaneous household items preventing movement through common areas of the home. Personal clothing and items were on or around living room furniture, making seating for the residents inaccessible. In the Kitchen/Dining area it was observed that three cardboard boxes were sitting filled with trash and storage boxes were piled in corners, limiting space.

Observation on 03/04/2025 at 11:52 AM, showed that outside of kitchen was a covered patio area accessible to residents. This area was covered by tarps and had electrical cords running to appliances, lighting and heating units. A heavy stream of water from rainfall was pouring off one corner near multiple electrical extension cord outlets. There was a hutch with a cat on the patio, and the litter box was filled with cat feces. The floor surrounding the litter box was covered with cat feces. Leading from the patio was an uneven stepping stone-type narrow walkway to an outdoor canopy. There were large potting containers filled with vegetable waste, food scraps and eggshells, and along the home near the foundation were rotting banana peels. On the outside of the canopy area was a generic unlabeled spray bottle of unknown liquid. Inside the canopy were unsecured chemicals for gardening, as well as shears, tools, and lighters.

Observation on 03/04/2025 at 12:02 PM of the hallway resident bathroom showed the floor was dirty with wet plastic incontinence (involuntary leakage of urine or stool) pads and hair. Along the corner areas in the shower was black/brown growth. Brown matter was observed on the toilet seat and dried on the upper and back part of the toilet between the seat and water tank. On the counter was a plastic bin containing resident toothbrushes, toothpaste, and personal grooming items. The plastic was splattered with

buildup of matter covering inside and out of all areas of the plastic bin. The mirror had large areas of matter on it.

On 03/04/2025 at 12:02 PM, continued observation of the hallway resident bathroom, used by all residents, showed the water temperature measured from the bathroom sink faucet was 136.6 degrees Fahrenheit and the water was visibly steaming.

Observation on 03/04/2025 at 12:35 PM, showed the areas between the kitchen and laundry were cluttered with items, making it difficult to access some areas without squeezing between appliances and storage shelves.

In an interview on 03/04/2025 at 11:48 AM, Caregiver A stated the boxes of trash and recycling observed in the kitchen and dining room areas were due to the trash cans outside already being filled up and they had no place to put it.

In an interview on 03/04/2025 at 11:50 AM, the Provider stated the cat belonged to Resident 5, the cat stayed outside because the it was messy and because Resident 5 could no longer tend to cat due to their physical decline and inability go outside to do so. The Provider stated that Household Member 1 had done something with the tarps and cords outside over the patio area causing water to pour off near electrical cord outlets and that they were not going to "mess with their stuff".

In an interview on 03/04/2025 at 12:07 PM, the Provider stated they did not know the requirements for water temperature and did not know where the home's water heater was or how to adjust the temperature.

In an Interview on 03/04/2025 at 2:11 PM, Resident 1 stated that they would like to see the bathrooms cleaned more often, that they did not go in the living room, stating that space was the caregivers, and that they did not go into the yard stating "it's a mess."

This is a repeated deficiency previously cited on 07/29/2024 and 10/24/2022.

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, Carna Diaz Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/15/25 .

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

Provider (or Representative) — Date: 5/9/25

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interviews, the adult family home (AFH) failed to ensure all medications including over the counter medications were stored in locked storage. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5) at risk for injury from ingestion or misuse of medications.

Findings included...

Observation on 03/04/2025 at 12:35 PM, showed that the AFH had a large plastic storage container in the kitchen with unsecured sliding drawers. One unsecured drawer contained vitamins and over the counter medications. Additionally, a wooden storage cabinet that contained all resident medications was unsecured. A metal padlock was unlocked and hanging from the cabinet latch.

Review of Resident 1's Assessment dated 02/18/2025 showed they were ambulatory in the AFH.
Review of Resident 2's Assessment dated 09/10/2024 showed they were ambulatory in the AFH.
Review of Resident 3's Assessment dated 09/10/2024 showed they were ambulatory in the AFH.
Review of Resident 4's assessment dated 01/27/2025 showed they were ambulatory in the AFH.
Review of Resident 5's Assessment dated 06/04/2024 showed they used a wheelchair to move throughout the AFH with limited assistance.

In an interview on 03/04/2025 at 12:35 PM, Caregiver A stated that the vitamins and other over the counter medications observed in kitchen were for their personal use and they did not think they needed to be locked. Caregiver A shrugged their shoulders when asked why the wood storage cabinet for resident medications was unlocked.

This is a repeated deficiency previously cited on 10/24/2022.

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, Carna Diaz Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/15/25.

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

Provider (or Representative) — Date: 5/9/25

WAC 388-76-10705 Common use areas.

(1) For the purposes of this section, common use areas:

(a) Are areas and rooms of the adult family home that residents use each day for tasks such as eating, visiting, and leisure activities; and

(b) Include but are not limited to dining and eating rooms, living and family rooms, and any entertainment and recreation areas.

(2) The adult family home must ensure common use areas are:

(b) Large enough for all residents to use at the same time; and

This requirement was not met as evidenced by:

Based on observations and interviews, the Adult Family Home (AFH) failed to provide common use areas that residents could use for eating, visiting, and leisure activities and were large enough for all residents to use at the same time for 5 of 5 residents (Resident 1, 2, 3, 4, and 5). These failures placed all the residents at risk of decreased quality of life.

Findings included...

Observations on 03/4/2025 at 11:48 AM, showed that the AFH was cluttered with boxes, stored food items and miscellaneous household items. Personal clothing and household items were on or around the living room furniture, limiting resident access to the sofa and chair. The kitchen table was pushed up against the wall, limiting seating space. On

the far left of the kitchen table were storage containers, cardboard boxes and trash which prevented someone from sitting.

In an interview on 03/04/20205 at 2:11 PM, Resident 1 stated that they go to the dining room for meals or if on a Zoom call or having a meeting with the Provider. Resident 1 stated they did not go in the living room because that area was the caregivers, and they could not go into the yard because it was a mess. Resident 1 stated they either went out of the house or stayed in their room.

In an exit interview on 03/04/2025 at 3:10 PM, when asked about the common areas of the home being accessible to the residents, Caregiver A and the Provider did not respond.

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, Carna Diaz Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/15/25.

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

Provider (or Representative) _____ Date 5/9/25

WAC 388-76-10620 Resident rights Quality of life General.

(1) The adult family home must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

(2) The home may design home rules that protect the rights and quality of life of residents. Within these rules, the home must ensure the resident's right to:

(c) Make choices about aspects of life in the home that are significant to the resident;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to promote care for residents in a manner and in an environment that maintained or enhanced each resident's dignity and respect for 2 of 5 residents (Resident 1 and Resident 5). This failure resulted in Resident 1 and Resident 5 receiving cares and services in an environment that did not promote dignity, respect and quality of life.

Findings included...

<Bathroom Privacy>

Observation on 03/04/2025 at 12:02 PM, showed the accessible resident bathroom in the hallway did not have a locking door.

In an interview on 03/04/2025 at 2:11 PM, Resident 1 stated they have had someone walk in on them while showering and when they were using the toilet. Resident 1 stated "I get no privacy in there", and stated that Caregiver A and other Residents living in the AFH just walk in on them.

In an interview on 03/04/2025 at 2:19 PM, the Provider and Caregiver A stated that the bathroom door could not have a lock on it, and they felt allowing residents to lock it was "not safe".

<Physical Environment>

Observation on 03/04/2025 at 11:48 AM, showed that the AFH was cluttered with boxes, stored food items and miscellaneous household items preventing movement through common areas of the home. Personal clothing and items were on or around living room furniture, making seating for the residents inaccessible. In the Kitchen/Dining area it was observed that three cardboard boxes were sitting filled with trash and storage boxes were piled in corners, limiting space.

Observation on 03/04/2025 at 11:52 AM, showed that outside of kitchen was a covered patio area accessible to residents. Leading from the patio was an uneven stepping stone-type narrow walkway to an outdoor canopy. There were large potting containers filled with vegetable waste, food scraps and eggshells, and along the home near the foundation were rotting banana peels. On the outside of the canopy area was a generic unlabeled spray bottle of unknown liquid. Inside the canopy were unsecured chemicals for gardening, as well as shears, tools, and lighters.

Observation on 03/04/2025 at 12:02 PM of the hallway resident bathroom showed the floor was dirty with wet plastic incontinence (involuntary leakage of urine or stool) pads and hair. Along the corner areas in the shower was black/brown growth. Brown matter was observed on the toilet seat and dried on the upper and back part of the toilet between the seat and water tank. On the counter was a plastic bin containing resident toothbrushes, toothpaste, and personal grooming items. The plastic was splattered with buildup of matter covering inside and out of all areas of the plastic bin. The mirror had large areas of matter on it.

In an Interview on 03/04/2025 at 2:11 PM, Resident 1 stated that they would like to see the bathrooms cleaned more often, that they did not go in the living room, stating that space was the caregivers, and that they did not go into the yard stating "it's a mess."

<Pets>

Observation on 03/04/2025 at 11:52 AM, showed that Outside of kitchen was a covered patio area that contained a hutch with a cat (identified as Resident 5's cat). The litter box was filled with cat feces and the floor surrounding the litter box was covered with cat feces.

Record review of Resident 5's Department of Social and Health Services Annual Assessment dated 10/11/2023 showed under "My Relationships and Interest" that Resident 5 had two cats.

Record Review of a document titled "Carna Diaz AFH Pet Policy and Requirements" showed that the AFH Accepted Dogs, Cats and Birds, that pets must stay out of the dining room and kitchen areas. This document was signed by Resident 5 and the AFH Provider on 10/15/2023.

In an interview on 03/04/2025 at 11:50 AM, Provider stated the cat belonged to Resident 5, the cat stayed outside because it was messy and Resident 5 could no longer tend to the cat due to their physical decline and inability to go outside to do so.

In an interview on 03/04/2025 at 11:58 AM, Resident 5 stated that when they moved into the AFH they were told their cat could be indoor/outdoor, after they had moved in the AFH stated it needed to stay outside. Resident 5 said they did not like that their cat had to stay outside where they could not easily get outside to visit, due to mobility and lack of space outside. Resident 5 stated they were told the staff were taking care of the cat's food, water and litter box. Resident 5 stated they had two cats when they moved into the AFH, that one had died, and they worried about this cat now as it was older and was required to stay out in the weather.

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, Carna Diaz Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/15/25.

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

Provider (or Representative) — Date: 5/9/25

WAC 388-76-10415 Food services. The adult family home must:

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

(2) Serve meals:

(b) That accommodate each resident's:

(i) Preferences;

This requirement was not met as evidenced by:

Based on observation, record review, and interviews, the adult family home (AFH) failed to ensure that the safe food handling training requirements of chapter 388-112A WAC were met and that the AFH served meals that accommodated each resident's preferences. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5) at risk for potential unsafe food preparation and being served meals that were not preferred.

Findings included...

Observation on 03/04/2025 at 12:00 PM, showed the Provider serving Resident 1 lunch consisting of a sandwich and a banana.

Record review on 03/04/2025 of AFH Administrative records for Caregiver B showed that Caregiver B did not have a current food handlers' card or food safety continuing education, and that their previous Food Handlers had expired on 12/30/2024.

In an interview on 03/04/2025 at 2:11 PM, Resident 1 stated that they were having a difficult time getting meals that met their nutritional needs and preferences. Resident 1 stated that the food choices in the AFH were very limited and that the AFH would not offer alternative meals. Resident 1 stated for breakfast the AFH served cold cereal and

about once a month cold oatmeal. Lunch was a sandwich and canned soup, and that dinner was what Caregiver A cooked that varied. Resident 1 stated the AFH did not have a menu or offer alternative meals.

In an Interview on 03/04/2025 at 2:18 PM, the Provider stated they were aware of Resident 1 "not wanting bread" and stated that a medical person had expressed a preference for Resident 1 to receive and/or not receive specific foods. The Provider stated the AFH was not going to follow the request for Resident 1 to not receive bread and shook their head "no", laughed, and stated Resident 1 could just get bread.

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, Carna Diaz Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/15/25 .

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

Provider (or Representative) — Date: 5/9/25

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(6) Give each resident the opportunity to have a lock on their bedroom door if they choose to unless having a locked door would be unsafe for the resident and this is documented according to WAC 388-76-10401 .

This requirement was not met as evidenced by:

Based on observations and interviews, the Adult Family Home (AFH) failed to provide each resident the opportunity to have a lock on their bedroom door as requested for 1 of 5 residents (Resident 1). This failure placed Resident 1 at risk of decreased quality of life, decreased dignity, and decreased privacy.

Findings included...

Observation on 03/04/2025 at 12:05 PM, showed that Bedrooms [redacted], [redacted], and [redacted] did not have locking doors. Observations showed Residents 2 and 4 lived in Bedroom [redacted], Resident 1 lived in Bedroom [redacted], and Residents 3 and 5 lived in Bedroom [redacted].

In an interview on 03/04/2025 at 2:11 PM, Resident 1 stated they had requested a lockable door for their bedroom, and they were told they could not have a lock for

safety reasons.

In an interview on 03/04/2025 at 2:19 PM, the Provider and Caregiver A stated that they were aware Resident 1 wanted a lock for their bedroom door and that they had told Resident 1 they could not lock their door.

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, Carna Diaz Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/15/25.

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

Provider (or Representative) — Date: 5/9/25

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

(2) If an emergency or other exceptional circumstance requires a change of ownership due to the inability of a provider to continue to operate the home, an applicant who meets the qualifications to be a provider may apply for a provisional license that would allow the home to continue to operate. The applicant must also apply for a change of ownership at the same time. The department will have the discretion to determine if the circumstances warrant a provisional license.

This requirement was not met as evidenced by:

Based on record review, and interview, the adult family home (AFH) failed to have a succession plan in place to ensure an emergency plan was available for the home for 5 of 5 residents (Resident 1, 2, 3, 4, and 5). This failure placed all residents at risk for the home functioning without a qualified provider or entity representative in the event a succession plan was required.

Findings included...

Record review on 03/04/2025 at 1:47 P.M., of Administrative Records for the AFH

contained no evidence of a succession plan.

During an interview on 03/04/2025 at 1:50 P.M. the Provider stated they were unaware of the requirement to have a succession plan and confirmed not having one in place for the home.

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, Carna Diaz Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/15/25 .

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

Provider (or Representative) — Date: 5/9/25

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.

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

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

(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 have a system in place to meet the medication needs of residents and to ensure residents received medications as required for 4 of 5 residents (Resident 1, 2, 3, and 5). This failure placed four residents at risk for not receiving medications as ordered.

Findings included...

<Resident 1>

During a record review on 03/04/2025 at 12:46 P.M., Resident 1's (R1) Medication Administration Record (MAR), dated March 2025, showed Prednisone (for wheezing), and Trazodone (for sleep) were both prescribed as needed or PRN.

An observation of R1's medication supply, on 03/04/2025 at 12:52 P.M., showed Prednisone and Trazodone were missing from R1's medication supply.

During an interview on 03/04/2025 at 1:02 P.M., the Provider said they were unsure why Prednisone and Trazodone were missing.

<Resident 2>

During a record review on 03/04/2025 at 1:03 P.M., Resident 2's (R2) MAR, dated March 2025, showed Ondansetron (for nausea) was prescribed for as needed (PRN) use.

An observation of R2's medication supply on 03/04/2025 at 1:07 P.M. showed Ondansetron was missing from R2's medication supply.

During an interview on 03/04/2025 at 1:08 P.M. the Provider stated they did not have this medication and had been having issues with R2's new doctor updating the MAR.

<Resident 3>

During a record review on 03/04/2025 at 1:10 P.M., Resident 3's (R3) MAR, dated March 2025, showed Polyethylene Glycol (for constipation) was prescribed as a daily dose.

An observation on of R3's medication supply, on 03/04/2025 at 1:14 P.M., showed Polyethylene Glycol was missing from R3's medication supply.

During an interview on 03/04/2025 at 1:15 P.M., the Provider reported R3's physician continued to add Polyethylene Glycol to the MAR. The Provider stated R3 has not had Polyethylene Glycol in a while.

<Resident 5>

During a record review on 03/04/2025 at 1:40 P.M., Resident 5's (R5) MAR, dated March

2025, showed Calcium Nitrate (supplement) and Allopurinol (used to treat gout) were prescribed as a daily dose.

Observation of R5's medication supply on 03/04/2025 at 1:49 P.M., showed a bottle labeled Calcium Citrate. An empty bottle of Allopurinol that was filled on 02/02/2025 labeled with 30 pills was empty.

During an interview on 03/04/2025 at 1:50 P.M., the Provider reported the Calcium Citrate was listed wrong on the MAR and possibly was a spelling error. The Provider was unsure why the Allopurinol was empty.

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, Carna Diaz Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/15/25.

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

Provider (or Representative) _____ Date 5/9/25

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.

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home (AFH) failed to ensure Negotiated Care Plans (NCPs) were updated at least every 12 months for 2 of 5 residents (Resident 4 and 5). This failure placed R4 and R5 at risk of improper or incomplete care.

Findings included...

Record review on 03/04/2025 at 11:30 A.M., showed the NCP for R4 was not updated every twelve months, the date of R4's last available NCP was 02/17/2024.

Record review on 03/04/2025 at 11:46 A.M., showed the NCP for R5 was not updated

every twelve months, the date of R5's last available NCP was 11/03/2023.

During an interview on 03/04/2025 at 11:50 A.M., the Provider reported being unaware of the NCP's not being current.

This is a repeated deficiency previously cited on 10/24/2022.

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, Carna Diaz Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/15/25.

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

Provider (or Representative) — Date: 5/9/25

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on record reviews and interviews, the adult family home (AFH) failed to ensure the coordination of a safe full emergency evacuation drill every calendar year and partial emergency evacuation drills every 60 days for 5 of 5 residents (Residents 1, 2, 3, 4, and 5). This failure placed all residents at risk for harm in the event of an emergency requiring evacuation.

Findings included...

Review of Resident 1's Assessment dated 02/18/2025 showed they required assistance with evacuation. Review of Resident 2's Assessment dated 09/10/2024 showed they required assistance with evacuation. Review of Resident 3's Assessment dated 09/10/2024 showed they required assistance with evacuation. Review of Resident 4's

assessment dated 01/27/2025 showed they were independent with evacuation. Review of Resident 5's Assessment dated 06/04/2024 showed they required assistance with evacuation.

Administrative/staff record review on 03/04/2025 at 1:51 P.M. showed there were two evacuation drills on file for 2024 and 2025. On 02/23/2025, a partial evacuation drill was completed in 17 minutes. On 02/25/2024, a partial evacuation drill was completed in 10 minutes 33 seconds.

During an exit interview on 03/04/2025 at 1:57 P.M., the Provider stated they had not been completing the emergency evacuation drills.

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, Carna Diaz Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/15/25.

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

Provider (or Representative) — Date: 5/9/25

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;

(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.

This requirement was not met as evidenced by:

Based on record reviews and interview, the adult family home (AFH) failed to ensure each resident's record included a Medicaid policy for 1 of 5 residents (Resident 2

[R2]). This failure prevented R2 from having knowledge of the policy and requirements of the home.

Findings included...

Record review on 03/04/2025 at 11:15 A.M showed R2's record did not contain a Medicaid Policy that was a written document separate from the admission agreement or any other documents.

During an interview on 03/04/2025 at 11:20 A.M. the Provider stated they were unaware the Medicaid Policy was missing from R2's record.

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, Carna Diaz Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/15/25.

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

Provider (or Representative) — Date: 5/9/25

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(1) The adult family home must complete the department's standardized disclosure of services form. The home must:

(a) List on the form the scope of care and services available in the home;

(b) Send the completed form to the department when applying for a license; and

(c) Provide an updated form to the department thirty days prior to changing services, except in emergencies, when the scope of care and services is changing.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(b) Provide a copy upon resident request; and

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the adult family home (AFH) failed to ensure each resident's record included a Disclosure of Services for 2 of 5 residents (Resident 1 [R1], and Resident 5 [R5]). This failure prevented R1 and R2 from having knowledge of services provided by the home.

Findings included...

During record review on 03/04/2025 at 11:10 A.M showed R1's record did not contain a Disclosure of Services form.

During record review on 03/04/2025 at 11:46 A.M showed R5's record did not contain a Disclosure of Services form.

During an interview on 03/04/2025 at 11:55 A.M the Provider stated they were unaware the Disclosure of Services form was missing from R1's and R5's records.

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, Carna Diaz Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/15/25 .

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

Provider (or Representative) — Date: 5/9/25

WAC 388-76-10865 Resident evacuation from adult family home.

(1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less.

This requirement was not met as evidenced by:

Based on record reviews and interviews, the adult family home (AFH) failed to ensure the coordination of three partial and two full evacuation drills in less than five minutes for 5 of 5 residents (Residents 1, 2, 3, 4, and 5). This failure placed all residents at risk for harm in the event of an emergency requiring evacuation.

Findings included...

Review of Resident 1's Assessment dated 02/18/2025 showed they required assistance with evacuation. Review of Resident 2's Assessment dated 09/10/2024 showed they required assistance with evacuation. Review of Resident 3's Assessment dated 09/10/2024 showed they required assistance with evacuation. Review of Resident 4's assessment dated 01/27/2025 showed they were independent with evacuation. Review of Resident 5's Assessment dated 06/04/2024 showed they required assistance with evacuation.

Administrative/staff record review on 03/04/2025 at 1:51 P.M. showed the following:

- 02/23/2025: partial evacuation drill completed in 17 minutes.
- 02/25/2024: partial evacuation drill completed in 10 minutes 33 seconds.
- 12/10/2023: full evacuation drill completed in 7 minutes 12 seconds.
- 10/14/2023: full evacuation drill completed in 5 minutes 16 seconds.
- 08/27/2023: partial evacuation drill completed in 5 minutes 13 seconds.

During an exit interview on 03/04/2025 at 1:57 P.M., the Provider stated the residents take a long time to walk to the mailboxes and complained when the weather is bad.

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, Carna Diaz Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/15/25 .

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

Provider (or Representative) — Date 5/9/25

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

Richard P. Diaz
Carna Diaz Adult Family Home
1501 EVANSTON CT NE
OLYMPIA, WA 98506

RE: Carna Diaz Adult Family Home # 755865

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/17/2025 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 Return the Plan/Attestation Statement and report with signatures to:

Jennifer LeMaster, Community Nurse Field Manger
Residential Care Services
Region 3, Unit G
Preferred methods:

eFax: (360) 664-8451
Email: rcsregion3email@dshs.wa.gov
Optional method:
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 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(8) The resident's Social Security number;

The Adult Family Home failed to ensure each resident record contained the resident's Social Security numbers for four of five residents. This resulted in no resident harm. Consultation given.

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,

Lisa Cramer for
Jennifer LeMaster, Community Nurse Field Manger
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, Community Nurse Field Manger
Residential Care Services
Region 3, Unit G
Preferred methods:
eFax: (360) 664-8451
Email: rcsregion3email@dshs.wa.gov
Optional method:
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 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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225