STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Lolly Angel House LLC
Lola Kay AFH
402 S 16TH AVE
YAKIMA, WA 98902

RE: Lola Kay AFH License # 755868

Dear Provider:

This letter addresses Compliance Determination(s) 48329 (Completion Date 10/07/2024) and 47187 (Completion Date 09/17/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/07/2024 and found that you have corrected the violations listed in the Full report dated 09/17/2024. Your home is back in compliance as of 09/13/2024 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 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b

The Department staff who did the on-site verification:
Jo Whitney, AFH Licensor

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

Sincerely,

Selena Clemons

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

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1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 755868	Compliance Determination # 47187
Plan of Correction	Lola Kay AFH	Completion Date
Page 1 of 3	Licensee: Lolly Angel House LLC	09/17/2024

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 the unannounced on-site full inspection on 09/13/2024 and 09/13/2024 of:
Lola Kay AFH
402 S 16TH AVE
YAKIMA, WA 98902

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:

Jo Whitney, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Selena Clemons — Residential Care Services

09/19/2024 — 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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

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

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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.

Statement of Deficiencies	License # 755869	Compliance Determination # 47167
Plan of Correction	Lola Kay AFH	Completion Date
Page 2 of 3	Licensee: Lolly Angel House LLC	09/17/2024

A. Mungen RN
Provider (or Representative)

9/25/2024
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 record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 8 staff (Staff H) with unsupervised access to residents did not have a background check result that was over 2 years old. This failed practice placed the residents at risk from disqualified staff.

Findings included:

Staff H, Caregiver, was hired 05/21/2022. Their employee file included a non-disqualifying interim background result dated 05/20/2022.

On 09/13/2024 at 3:00 PM, Staff A, Provider, stated Staff H tracked caregiver qualifications, credentials and background checks. At 3:15 PM, Staff H stated they had missed submitting their authorization for a new background result. The AFH submitted the new authorization on 09/13/2024, it was 116 days overdue. They acknowledged they should have a better tracking system.

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, Lola Kay AFH is or will be in compliance with this law and / or regulation on (Date) 9/13/2024

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

Provider (or Representative) _____ Date _____

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(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 record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 8 staff (Staff H) with unsupervised access to residents did not have a background check result that was over 2 years old. This failed practice placed the residents at risk from disqualified staff.

Findings included…

Staff H, Caregiver, was hired 05/21/2022. Their employee file included a non-disqualifying interim background result dated 05/20/2022.

On 09/13/2024 at 3:00 PM, Staff A, Provider, stated Staff H tracked caregiver qualifications, credentials and background checks. At 3:15 PM, Staff H stated they had missed submitting their authorization for a new background result. The AFH submitted the new authorization on 09/13/2024; it was 116 days overdue. They acknowledged they should have a better tracking system.

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, Lola Kay AFH 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.

Statement of Deficiencies	License #: 755869	Compliance Determination # 47187
Plan of Correction	Lola Kay AFH	Completion Date
Page 3 of 3	Licensee: Lolly Angel House LLC	09/17/2024

Provider (or Representative) 9/28/2024 Date

Provider (or Representative) _____ Date _____

To Whom it May Concern:

We became in compliance the day the deficiency was noted on 9/13/2024. Currently we had been dating the outside of employee files with date background checks and certifications needed renewed and reviewing frequently. We now plan to continue to do that and have a visual calendar on wall with the dates marked as well so we don't have another oversite.

Thank You,

Amber Martinez Rn Provider

Lola Kay AFH