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

WE&E Adult Family Home LLC

WE&E Adult Family Home LLC
8502 112th St SW
Lakewood, WA 98498

RE: WE&E Adult Family Home LLC License # 755902

Dear Provider:

This letter addresses Compliance Determination(s) 41608 (Completion Date 06/17/2024) and 37580 (Completion Date 04/02/2024).

The Department completed a follow-up inspection of your Adult Family Home on 06/17/2024 and found that you have corrected the violations listed in the Full report dated 04/02/2024. Your home is back in compliance as of 05/07/2024 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 388-76-10265-1-c, WAC 388-76-10265-1-d, WAC 388-76-10430-2-c, WAC 388-76-10430-3, WAC 388-76-10430-1

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

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

Sincerely,

Clinton Fridley RN

Clinton Fridley, 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 02/29/2024 and 02/29/2024 of:

WE&E Adult Family Home LLC
8502 112th St SW
Lakewood, WA 98498

The following sample was selected for review during the unannounced on-site visit: 2 of 2 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Andria Underwood, LTC Surveyor

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

04/05/2024
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.

Provider (or Representative) — 4/16/2024 Date

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:

(c) Resident manager;

(d) Caregiver;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 3 staff members (Resident Manager and Caregiver 1) completed tuberculosis testing within 3 days of employment. This failure placed 2 of 2 residents at risk for being cared for by staff with an unknown tuberculosis status.

Findings included...

On 02/29/2024, record review of personnel records for the Resident Manager showed there was no record of Tuberculosis testing. The record showed the Resident Manager had been working at the AFH since it opened in 2022.

Record review of personnel records for Caregiver 1 showed their date of hire was 01/03/2024 and the only tuberculosis testing completed was one skin test on 10/24/2023, before Caregiver 1 was hired.

During interview with the Provider on 02/29/2024 at 12:30 PM, they said they believed the Resident Manager and Caregiver 1 had completed other Tuberculosis testing and would look for documentation. The Provider emailed a copy of negative tuberculosis x-ray results for the Resident Manager that was completed on 03/01/2024 and did not provide additional records of tuberculosis testing performed before this date. As of 04/02/2024, no additional tuberculosis testing results for Caregiver 1 had been provided to the Department.

Attestation Statement

Provider (or Representative) Date

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:

(c) Resident manager;

(d) Caregiver;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 3 staff members (Resident Manager and Caregiver 1) completed tuberculosis testing within 3 days of employment. This failure placed 2 of 2 residents at risk for being cared for by staff with an unknown tuberculosis status.

Findings included...

On 02/29/2024, record review of personnel records for the Resident Manager showed there was no record of Tuberculosis testing. The record showed the Resident Manager had been working at the AFH since it opened in 2022.

Record review of personnel records for Caregiver 1 showed their date of hire was 01/03/2024 and the only tuberculosis testing completed was one skin test on 10/24/2023, before Caregiver 1 was hired.

During interview with the Provider on 02/29/2024 at 12:30 PM, they said they believed the Resident Manager and Caregiver 1 had completed other Tuberculosis testing and would look for documentation. The Provider emailed a copy of negative tuberculosis x-ray results for the Resident Manager that was completed on 03/01/2024 and did not provide additional records of tuberculosis testing performed before this date. As of 04/02/2024, no additional tuberculosis testing results for Caregiver 1 had been provided to the Department.

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, WE&E Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 5/7/2024.

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

Provider (or Representative) — Date: 4/16/2024

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 ;

(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, observation, and interview, the Adult Family Home failed to keep an accurate medication supply and an up-to-date medication log for 2 of 2 residents (Residents 1 and 2). This failure placed 2 of 2 residents at risk for not receiving medications as prescribed.

Findings included...

Record review of Medication Administration Record (MAR) for February 2024 for Resident 1 found a prescribed skin medication being signed of as administrated daily but was not observed to be in supply on 02/29/2024 at 11:10 AM.

During interview with Provider on 02/29/2024 at 11:15 AM they said that skin medication was stopped on 12/26/2023 and signing off as being administered was a mistake.

Record review of MAR for February 2024 for Resident 2 showed the following medications to be prescribed but were observed to not be not in supply as of 02/29/2024 at 11:30 AM: constipation medication, sleep medication, pain medication, sunscreen, and skin lotions.

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, WE&E Adult Family Home 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

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(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:

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(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, observation, and interview, the Adult Family Home failed to keep an accurate medication supply and an up-to-date medication log for 2 of 2 residents (Residents 1 and 2). This failure placed 2 of 2 residents at risk for not receiving medications as prescribed.

Findings included...

Record review of Medication Administration Record (MAR) for February 2024 for Resident 1 found a prescribed skin medication being signed of as administrated daily but was not observed to be in supply on 02/29/2024 at 11:10 AM.

During interview with Provider on 02/29/2024 at 11:15 AM they said that skin medication was stopped on 12/26/2023 and signing off as being administered was a mistake.

Record review of MAR for February 2024 for Resident 2 showed the following medications to be prescribed but were observed to not be not in supply as of 02/29/2024 at 11:30 AM: constipation medication, sleep medication, pain medication, sunscreen, and skin lotions.

During interview with Provider on 02/29/2024 at 11:40 AM, they said Resident 1's doctor was refusing to refill the pain medication due to Resident 2's drug abuse history. The Provider said the sleep medication had been ordered and should be delivered on 02/29/2024 and confirmed the other medications were not in supply.

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, WE&E Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 5/7/2024.

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

Evelyn — Provider (or Representative)

4/16/2024 — Date

During interview with Provider on 02/29/2024 at 11:40 AM, they said Resident 1's doctor was refusing to refill the pain medication due to Resident 2's drug abuse history. The Provider said the sleep medication had been ordered and should be delivered on 02/29/2024 and confirmed the other medications were not in supply.

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, WE&E Adult Family Home 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

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

WE&E Adult Family Home LLC
WE&E Adult Family Home LLC
8502 112th St SW
Lakewood, WA 98498

RE: WE&E Adult Family Home LLC # 755902

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/02/2024 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:

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 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

The Adult Family Home failed to ensure 1 of 3 staff members (Resident Manager) maintained a valid cardiopulmonary resuscitation (CPR)/First Aid certification. Record review showed Resident Manager's CPR/First Aid card expired on 12/21/2023 during inspection on 02/29/2024. Resident Manager completed new CPR/First Aid training with 24 hours of inspection and provided Department with documentation, consultation provided.

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

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

The Adult Family Home failed to keep refrigerated medication in a locked container. Observation showed insulin pens were in the AFH refrigerator door during inspection. The Provider had a lock box available and immediately put medication in locked container, consultation provided.

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

(2) Adult family home.

The Adult Family Home failed to have a current Negotiated Care Plan signed by both the Provider and resident for 1 of 2 residents. The Provider immediately signed and had resident sign off on the Negotiated Care Plan, consultation 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

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 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