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:

This document references Compliance Determination 35868 (02/07/2024), which included complaint number(s) 115394.

The Department completed a complaint investigation of your Adult Family Home on 02/07/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Alexander Ulbrickson, NCI AFH Complaint Investigator

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(b) Report the following to the department by calling the complaint toll-free hotline number:

(iii) A missing resident.

The adult family home (AFH) notified a resident's case manager, family, and local law enforcement when a resident left the AFH and went missing. The AFH failed to report to the department by calling the toll-free hotline number. The AFH made a report during the investigation, consultation provided.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:
- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
- Inspect the home to determine if you have corrected all deficiencies.

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: WE&E Adult Family Home LLC
Provider Type: Adult Family Home
License/Cert.#: 755902
Intake ID: 115394
Compliance Determination #: 35868
Region/Unit #: RCS Region 3 / Unit G
Investigator: Alexander Ulbrickson
Investigation Date(s): 01/26/2024 through 02/07/2024
Complainant Contact Date(s): 01/26/2024, 02/07/2024

Allegation(s):
Quality of Care/Treatment - The Named Resident (NR) left the adult family home (AFH) and did not return. The NR did not have their medication.

Investigation Methods:

Sample:	Total residents: 1 Resident sample size: 2 Closed records sample size: 1
Observations:	Environment, care and services, staff interaction with residents.
Interviews:	AFH Provider, AFH staff, others not associated with the AFH.
Record Reviews:	Assessments, negotiated care plans (NCP), progress notes.

Investigation Summary:
Quality of Care/Treatment - The NR had a history of leaving facilities. The reporter had no care concerns about the AFH. AFH staff stated the NR would state they wanted to visit family and then leave for longer than they said in the past. The AFH attempted to contact the NR after they left and were unsuccessful. The AFH notified the NR's case manager, family, and local law enforcement. The AFH did not notify the department by calling the complaint toll-free hotline number. Failed practice was identified, consultation was given.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A