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) 35276 (Completion Date 01/17/2024) and 33476 (Completion Date 12/21/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/17/2024 and found that you have corrected the violations listed in the Complaint report dated 12/21/2023. Your home is back in compliance as of 01/04/2024 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 388-76-10615-3

The Department staff who did the on-site verification:
Nadine Shon, Community Complaint Investigator

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

Residential Care Services
Investigation Summary Report

Provider/Facility: WE&E Adult Family Home LLC
Provider Type: Adult Family Home
License/Cert.#: 755902
Intake ID: 107239
Compliance Determination #: 33476
Region/Unit #: RCS Region 3 / Unit G
Investigator: Nadine Shon
Investigation Date(s): 12/07/2023 through 12/21/2023
Complainant Contact Date(s):

Allegation(s):
The named resident (NR) was brought to a hospital emergency room. When the NR was medically cleared, the adult family home (AFH) provider said the NR was discharged from the home and could not return.

Investigation Methods:

Sample:	Total residents: 1 Resident sample size: 2 Closed records sample size: 1
Observations:	General environment
Interviews:	Current resident Staff AFH provider NR's guardian Case manager
Record Reviews:	Assessments Medication administration record Preliminary care plan (PCP)

Investigation Summary:
Observations showed 1 resident living at the AFH. The provider said the NR no longer lived at the AFH and the current resident lived at the AFH for less than a month. Records did not show a PCP or negotiated care plan for the NR or resident currently living in the AFH. Records showed the NR lived at the AFH for 2 weeks, then the NR was sent to a hospital and was discharged from the AFH. A review of a discharge notice showed the notice was issued the date the NR was sent to the hospital.
During interview, the AFH provider said the NR refused their medications and care, and was socially inappropriate and attention seeking day and night. The provider said they did not know to develop a PCP, and neither resident had been in the home long enough to develop a negotiated care plan. The provider said they were unable to care for the NR's needs. When the NR was sent to a hospital, the provider said the NR was discharged from the home.
Failed practice was identified when:

1- The AFH did not develop a PCP for a current or former resident.
2- The AFH did not ensure the rights of one former resident to an orderly and organized transfer to a new home when the resident was discharged from the AFH to a hospital emergency room.
3- The AFH did not ensure the rights of one former resident to a 30-day notice of discharge.

Conclusion / Action:

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

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 #: 755902	Compliance Determination # 33476
Plan of Correction	WE&E Adult Family Home LLC	Completion Date
Page 1 of 3	Licensee: WE&E Adult Family Home LLC	12/21/2023

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 12/07/2023 and 12/07/2023 of:

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

This document references the following complaint number(s): 107239

The following sample was selected for review during the unannounced on-site visit: 2 of 1 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Nadine Shon, Community Complaint Investigator

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.

_____ _____
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.

Provider (or Representative) Date

WAC 388-76-10815 Resident rights Transfer and discharge.

(3) The home must give residents enough preparation and orientation to ensure a safe and orderly transfer or discharge from the home.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure the rights of one former resident (Resident 1) to an orderly and organized transfer to a new home when the resident was discharged from the AFH to a hospital emergency room. This caused Resident 1 to be admitted to the hospital when the resident did not have a home.

Findings included...

Resident 1
Records showed Resident 1 was admitted to an AFH, on [redacted]/2023, from a rehabilitation facility from which they had lived for one year. Resident 1 did not have close collateral contacts in the state and was assigned a court-appointed guardian. Review of their assessment, dated 08/24/2023, showed diagnoses to include [redacted] and [redacted] among other diagnoses, for which the resident was taking prescribed medications. The resident's behaviors included hallucinations, delusions and/or paranoia related to calling 911 day and night alleging fears for personal safety, resistive to care and refusal of medications. A review of a discharge notice from the AFH, dated [redacted]/2023 (the date Resident 1 was sent to the hospital), said the resident was sent to the hospital for pain control.

During interview on 12/07/2023 at 9:00 AM, Collateral Contact 1, a representative of the hospital where Resident 1 was admitted, said when Resident 1 was medically cleared after evaluation from the emergency room on [redacted]/2023, the AFH provider told hospital staff that Resident 1 was discharged from the AFH and could not return. The resident was boarded in the emergency room for two days, then admitted to the hospital for placement.

During interview on 12/07/2023 at 10:30 AM, the AFH provider said they reviewed Resident 1's assessment and met the resident before admission to the AFH, and felt they could meet resident needs and preferences at the AFH. The provider said once the resident was in the home, the resident did not take their medications, was resistive to care, was up all night, made calls to the 911 system day and night because of pain and then would refuse care, and exhibited inappropriate behaviors. The provider said they tried to accommodate resident needs for care and was working with the resident's state case manager and guardian. On [redacted]/2023, when Resident 1 agreed to go to a hospital for abdominal pain, the provider told the hospital the resident was discharged from the AFH as

they felt the resident's needs could not be met.

During interview on 12/13/2023 at 9:45 AM, Resident 1's guardian said they were notified almost daily from the AFH because the resident's refusal to take medication and care, and resident behaviors. The resident was sent to a hospital and learned the resident was discharged from the AFH.

During interview on 12/13/2023 at 11:50 AM, Resident 1's department care manager said they knew Resident 1 because they had assessed Resident 1 while the resident was in a rehabilitation facility, and prior to admission to the AFH. The case manager said they had discussed Resident 1's behaviors with the AFH provider prior to AFH admission and pointed out Resident 1 would require a lot of care, but the provider stated they felt they could handle resident needs. The case manager said the resident was at the AFH for about two weeks, then they were notified by the AFH provider on [redacted]/2023 when the resident was sent to a hospital and learned the resident was discharged from the AFH. The case manager said the resident was exhibiting known behaviors identified on Resident 1's assessment.

Review of Resident 1's case management notes showed the resident boarded in the hospital emergency room for two days, then was admitted to a hospital bed until Resident 1 was discharged to another AFH on [redacted]/2023.

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) 1/4/2024.

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

Provider (or Representative) — Date: 1/4/2024

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 complaint investigation of your Adult Family Home on 12/21/2023 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 any 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - 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 388-76-10340 Preliminary service plan. The adult family home must ensure that each resident has a preliminary service plan that includes:

(1) The resident's specific problems and needs identified in the assessment;

(2) The needs for which the resident chooses not to accept or refuses care or services;

(3) What the home will do to ensure the resident's health and safety related to the refusal of any care or service;

(4) Resident defined goals and preferences; and

(5) How the home will meet the resident's needs.

Record review did not show a preliminary service plan (PSP) for one former resident admitted to the adult family home (AFH) for two weeks, or for a resident currently living in the home for less than a month. During interview, the AFH provider said they were working on a negotiated care plan for the current resident but did not know a PSP was required for residents new to the AFH. During interview, staff caring for the current resident described the resident's care needs and preferences and the resident did not have concerns about their care. The provider provided a PSP for each resident before the end of the investigation.

WAC 388-76-10616 Resident rights Transfer and discharge notice.

(1) Before a home transfers or discharges a resident, the home must give the resident and the resident's representative a written thirty day notification informing them of the transfer or discharge. The home must also make a reasonable effort to notify, if known, any interested family member. The written notification must be in a language and manner the resident understands and include the following:

The adult family home (AFH) failed to ensure the rights of one former resident to a 30-day notice of discharge. The provider said the resident was admitted to the AFH for two weeks but the home was unable to meet the resident's need for care. The provider said when the resident was sent to hospital emergency room for evaluation of pain, the hospital was informed the resident could not return to the AFH. A review of the notice of discharge showed the notice was dated [redacted]/2023, on the date the resident was discharged and said the reason for discharge was pain control.

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

---

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