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

Phyllis Cares Adult Family Home One LLC

Phyllis Cares Adult Family Home One LLC
7626 97th Ave SW
Lakewood, WA 98498

RE: Phyllis Cares Adult Family Home One LLC License # 756548

Dear Provider:

This letter addresses Compliance Determination(s) 56920 (Completion Date 04/03/2025) and 55058 (Completion Date 02/28/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/03/2025 and found that you have corrected the violations listed in the Full report dated 02/28/2025. Your home is back in compliance as of 03/10/2025 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 388-76-10430, WAC 388-76-10430-2, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3, WAC 388-76-10198, WAC 388-76-10198-2, WAC 388-76-10198-2-a, WAC 388-76-10198-3, WAC 388-76-10198-4, WAC 388-76-10895-3-c, WAC 388-76-10895, WAC 388-76-10895-2, WAC 388-76-10895-2-a, WAC 388-76-10895-2-b

The Department staff who did the on-site verification:
Daphne Gill, LTC Surveyor

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

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manger
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

Statement of Deficiencies	License #: 756548	Compliance Determination # 55058
Plan of Correction	Phyllis Cares Adult Family Home One LLC	Completion Date
Page 1 of 7	Licensee: Phyllis Cares Adult Family Home One LLC	02/28/2025

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 02/19/2025 of:
Phyllis Cares Adult Family Home One LLC
7626 97th Ave SW
Lakewood, WA 98498

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Daphne Gill, 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

Statement of Deficiencies	License #: 756548	Compliance Determination # 55058
Plan of Correction	Phyllis Cares Adult Family Home One LLC	Completion Date
Page 2 of 7	Licensee: Phyllis Cares Adult Family Home One LLC	02/28/2025

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

03/06/2025
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)

03-10-2025
Date

WAC 388-76-10430 Medication system.

(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 and interview, the Adult Family Home (AFH) failed to ensure prescribed medications were available for 2 of 3 residents (Resident 1 [R1], and Resident 3 [R3]. This failure resulted in R1 and R3 not receiving medications as ordered.

Findings included...

<Resident 1>
Record review on 02/19/2025 at 12:08 P.M. of R1's Medication Administration Record (MAR) dated February 2025 showed Ketoconazole (for skin disorder) and Menthol-Zinc Oxide (for skin disorder). R1's MAR showed these medications for a daily dose.

Observation on 02/19/2025 at 12:10 P.M. showed these medications were missing from

R1's medication supply.

On 02/19/2025 at 12:18 P.M., Staff A reported being unsure why these medications were missing from R1's medication supply.

<Resident 3>

Record review on 02/19/2025 at 12:25 P.M. of R3's Medication Administration Record (MAR) dated February 2025 showed Antifungal Cream (for skin rash), Asperflex (for pain), and Bacitracin (for rash). R3's MAR showed Antifungal Cream, Asperflex, and Bacitracin were listed as a daily dose.

Observation on 02/19/2025 at 12:30 PM showed these medications were missing from R3's medication supply.

R3's Medication Administration Record (MAR) dated February 2025 also showed Oxycodone HCL (for pain), Pregabalin (for seizures), Tramadol (for pain) and Vitamin B-12 (for supplement). R3's Medication Administration Record (MAR) dated February 2025 showed Oxycodone HCL, Pregabalin, Tramadol, and Vitamin B-12 were listed as a PRN or as needed.

Observation on 02/19/2025 at 12:27 P.M. showed these medications were missing from R3's medication supply.

On 02/19/2025 at 12:50 P.M. Staff A reported being unsure why these medications were missing from R3's medication supply.

Statement of Deficiencies	License #: 756548	Compliance Determination # 55058
Plan of Correction	Phyllis Cares Adult Family Home One LLC	Completion Date
Page 4 of 7	Licensee: Phyllis Cares Adult Family Home One LLC	02/28/2025

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, Phyllis Cares Adult Family Home One LLC is or will be in compliance with this law and / or regulation on (Date) 03-10-2025

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

Provider (or Representative) 03-10-2025 Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure staff had a current Department of Health licensing credential for 1 of 3 current caregivers (Resident Manager); Washington state name and date of birth background check on file for 2 of 3 current caregivers (Staff A and Staff B) and for 1 of 3 former caregivers (Former Staff A); Final Fingerprint check for 1 of 3 current caregivers (Staff B) and Tuberculosis testing results for 1 of 3 current caregivers (Staff B). This failure placed all residents at risk of harm by receiving care and services from individuals whose continued education, criminal history and complete Tuberculosis testing status for caregiving staff is unknown.

Findings included...

During an administrative/staff record review on 02/19/2025 at 1:15 P.M., for Resident Manager (RM) and contained no evidence of a current Department of Health licensing

credential.

Record review for Staff A contained no evidence of current Washington state name and date of birth background check report.

Record review for Staff B contained no evidence of current Washington state name and date of birth background check report.

Record review for Former Staff A contained no evidence of current Washington state name and date of birth background check report.

Record review for Staff B contained no evidence of a final fingerprint check and a second step Tuberculosis testing result.

During an interview on 02/19/2025 at 1:45 P.M., the Provider reported being unsure where the Washington state name and date of birth background check reports and final fingerprint reports were not in the staff records.

On 02/24/2025 the department received an email from the Provider that included Staff A's final fingerprint report, Former Staff A's final fingerprint report, Staff B's one step tuberculosis testing result.

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, Phyllis Cares Adult Family Home One LLC is or will be in compliance with this law and / or regulation on (Date) 03-10-2025

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

Provider (or Representative) 03-10-2025 Date

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

(3) The home must respect the resident's right to refuse to participate in emergency evacuation drills. However, the home must still demonstrate the ability to safely evacuate all residents doing the following:

(c) Adding the estimated time to the time recorded on the emergency evacuation drill log after each drill to ensure the length of time to evacuate does not exceed five minutes; and

This requirement was not met as evidenced by:

Based on interviews and record reviews, the adult family home (AFH) failed to ensure the coordination of a full emergency evacuation drill for 3 out of 3 residents (Resident 1 [R1], Resident 2 [R2], and Resident 3 [R3] in a timely manner. This failure placed all residents at risk for potential harm to meet fire safety needs in the AFH.

Findings included...

During an administrative/staff record review on 02/19/2025 at 1:55 P.M. showed only six emergency evacuation drills dated 04/08/2022, 07/01/2022, 02/18/2023, 07/04/2024, 10/28/2024 and 12/29/2024. A full evacuation drill had not been documented. The emergency evacuation drill record dated 10/28/2024, took 6 minutes to complete with a start time of 1:30 P.M. and an end time of 1:36 P.M. The emergency evacuation drill record dated 07/04/2024, took 30 minutes to complete with a start time of 10:45 A.M. and an end time of 11:15 A.M.

During an exit interview on 02/19/2024 at 2:15 P.M., the Provider reported being unsure where the evacuation drills were located. The Provider was unable to verify if a full drill had been completed within the last 12 months.

On 02/24/2025 the department received an email from the Provider that included evacuation drills dated 08/10/2023, 11/10/2023, 01/10/2024, 03/10/2024, 05/13/2024, 09/04/2024 and 02/20/2025.

The emergency evacuation drill record dated 03/10/2024, took six minutes to complete with a start time of 2:40 P.M. and an end time of 2:46 P.M. The emergency evacuation drill record dated 11/10/2024, took six minutes to complete with a start time of 12:41 P.M. and an end time of 12:47 P.M.

Statement of Deficiencies	License #: 756548	Compliance Determination # 55058
Plan of Correction	Phyllis Cares Adult Family Home One LLC	Completion Date
Page 7 of 7	Licensee: Phyllis Cares Adult Family Home One LLC	02/28/2025

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, Phyllis Cares Adult Family Home One LLC is or will be in compliance with this law and / or regulation on (Date) 03-10-2025

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

Provider (or Representative) Date 03-10-2025

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

Phyllis Cares Adult Family Home One LLC
Phyllis Cares Adult Family Home One LLC
7626 97th Ave SW
Lakewood, WA 98498

RE: Phyllis Cares Adult Family Home One LLC # 756548

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/28/2025 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 388-76-10380 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:

(1) After an assessment for a significant change in the resident's physical or mental condition;

(4) At least every twelve months.

The Adult Family home failed to keep Negotiated Care Plan (NCP) updated or marked as current. Resident 3 (R3) NCP was completed on 12/15/2023. The Provider updated R3 NCP on 02/20/2025. Consultation provided.

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

The Adult Family Home failed to keep records of all current medications for 1 of 3 residents Resident 1 [R1]. Resident 1 had Lisinopril (for hypertension), Methocarbamol (a muscle relaxer), Pantoprazole Sodium (for GERD), and Quetiapine Fumarate (for mental health) on the current Medical Administration Record (MAR) but no signature was marked on 02/18/2025 and 02/19/2025. Staff A confirmed Lisinopril, Methocarbamol, Pantoprazole Sodium, and Quetiapine Fumarate was given to the resident, the missing signature was an error, and took immediate corrective action. 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, 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