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

03/11/2025

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:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 56153 (Completion Date 03/11/2025) and 54842 (Completion Date 02/26/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/11/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
**WAC 388-76-10545 Resident rights Admitting and keeping residents. The adult family home must:**

(2) Not admit an individual before obtaining a complete assessment of the individual's needs and preferences, except in cases of a genuine emergency;

The Department staff who did the On Site verification:
Laura Newberry

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***



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 02/14/2025 of:

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

This document references the following complaint number(s): 164320

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Laura Newberry

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 # 54842 |
|---|---|---|
| Plan of Correction | Phyllis Cares Adult Family Home One LLC | Completion Date |
| Page 2 of 3 | Licensee: Phyllis Cares Adult Family Home One LLC | 02/26/2025 |

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

03/04/2025
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)

03-05-2025
Date

**WAC 388-76-10545 Resident rights Admitting and keeping residents. The adult family home must:**

(2) Not admit an individual before obtaining a complete assessment of the individual's needs and preferences, except in cases of a genuine emergency;

**This requirement was not met as evidenced by:**

Based on interview and record review the adult family home (AFH) failed to obtain an assessment for 1 of 4 Residents (Resident 1 [R1]) prior to admitting them to the AFH. This failure placed R1 at risk for not receiving needed care and services in their new home.

Findings included...

Review of R1's record, titled "Assessment", dated 01/16/2025, showed they required Specialized Behavior Support (SBS) 1:1 staffing for their intimidating/threatening behavior.

On 02/21/2025 at 1:40 PM, Provider stated that they did not receive or review R1's assessment or speak to R1's Case Manager prior to accepting them to the AFH. Provider stated that this was a "mistake" to accept R1 without an assessment and that it is their normal procedure to review the assessment and speak with the case manager prior to admitting a resident to the AFH.

On 02/24/2025 at 3:28 PM, Collateral Contact 2 (CC2) (resident representative), stated they spoke to the Provider prior to R1's admission and told the Provider that R1 should not be admitted to their AFH due to their behaviors.

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

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|---|---|---|
| Plan of Correction | Phyllis Cares Adult Family Home One LLC | Completion Date |
| Page 3 of 3 | Licensee: Phyllis Cares Adult Family Home One LLC | 02/26/2025 |

On 02/21/2025 at 1:22 PM, Collateral Contact 1 (CC1) (department case manager), stated that the AFH did not speak to them prior to admitting R1 to their AFH on [redacted]/2025 and that the AFH did not have the proper authorization to provide R1 with their 1:1 staffing. CC1 stated that the AFH was notified that R1 could not stay at the AFH and that the AFH would not receiving payment for their stay. R1 was moved to another AFH the next day [redacted] 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) 03-05-2025

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

Provider (or Representative) — Date: 03-05-2025

On 02/21/2025 at 1:22 PM, Collateral Contact 1 (CC1) (department case manager), stated that the AFH did not speak to them prior to admitting R1 to their AFH on [redacted]/2025 and that the AFH did not have the proper authorization to provide R1 with their 1:1 staffing. CC1 stated that the AFH was notified that R1 could not stay at the AFH and that the AFH would not receiving payment for their stay. R1 was moved to another AFH the next day [redacted]/2025.

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

Provider (or Representative) _____ Date _____