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

Topaz Brook AFH LLC

Topaz Brook AFH LLC
6806 Topaz Dr SW
Lakewood, WA 98498

RE: Topaz Brook AFH LLC License # 756663

Dear Provider:

This letter addresses Compliance Determination(s) 61158 (Completion Date 07/03/2025) and 57628 (Completion Date 04/24/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/03/2025 and found that you have corrected the violations listed in the Full report dated 04/24/2025. Your home is back in compliance as of 05/04/2025 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 388-76-10320, WAC 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b, WAC 388-76-10198, WAC 388-76-10198-1, WAC 388-76-10198-2, WAC 388-76-10198-2-a, WAC 388-76-10198-4, WAC 388-76-10191-1, WAC 388-76-10191-1-a, WAC 388-76-10191-1-b, WAC 388-76-10191-3, WAC 388-76-10430, WAC 388-76-10430-1, WAC 388-76-10430-2, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10463-3

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 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 04/07/2025 of:

Topaz Brook AFH LLC
6806 Topaz Dr SW
Lakewood, WA 98498

The following sample was selected for review during the unannounced on-site visit: 2 of 4 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

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

04/30/2025
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)

5/4/25
Date

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on record review, and interview, the adult family home (AFH) failed to have a personal belongings list in residents' files as required for 2 of 4 residents (Resident 1 and Resident 4). This failure placed both residents at risk of of having personal belongings missing.

Findings included...

Record review on 04/07/2025 at 12:15 P.M., showed the R1's resident file contained no evidence of a personal belongings list. R1 was admitted to the home on [redacted]/2024.

Record review on 04/07/2025 at 12:35 P.M., showed the R4's resident file contained no evidence of a personal belongings list. R4 was admitted to the home on [redacted]/2024.

During an interview on 04/07/2025 at 12:59 P.M. Staff B was unsure why the personal belongings forms were missing from these residents' files. The Provider was given until 04/09/2025 9:00 AM to forward the missing personal belongings lists to the department. As of 04/14/2025, the department has not received the missing personal

belongings lists for R1 and R4.

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, Topaz Brook AFH LLC is or will be in compliance with this law and / or regulation on (Date) 5/4/25

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

Provider (or Representative) — Date: 5/4/25

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:

(1) Staff information such as address and contact information.

(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;

(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 contact information for 4 out of 4 caregivers (Provider, Staff A, Staff B and Staff C), required training was on file for 2 of 4 caregivers (Staff B, Staff C), Washington State name and date of birth background checks were on file for 4 out of 4 caregivers (Provider, Staff A, Staff B, Staff C) and one adult who lives in the home (Household Member 1), and a final fingerprint background check was on file for 1 out of 4 caregivers (Provider). This failure prevented the Department from determining the required contact information, training requirements and criminal history for caregiving staff.

Findings included...

During a records review on 04/07/2025 at 2:00 p.m., the Provider, Staff A, Staff B and Staff C's records contained no evidence of contact information. Staff B's records contained no evidence of a food handler's card or food safety training. Staff C's records showed no evidence of first aid or cardiopulmonary resuscitation (CPR) training. Provider, Staff A, Staff B, Staff C and Household Member 1's records contained no evidence of Washington State name and date of birth background check. The Provider's record contained no evidence of a final fingerprint background check.

The Provider's records contained no evidence of the date of hire. Staff A's date of hire was 03/10/2025. Staff B's date of hire was 12/05/2024. Staff C's date of hire was 09/26/2024.

In an interview on 04/07/2025 at 2:30 P.M. Staff B stated they were unaware of where the contact information, missing training certificates, current Washington State name and date of birth background checks and final fingerprint background checks were located. The Provider was given until 04/09/2025 9:00 AM to forward the missing personnel records to the department. As of 04/14/2025, the department has not received the missing personnel records for the Provider, Staff A, Staff B and Staff C.

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, Topaz Brook AFH LLC is or will be in compliance with this law and / or regulation on (Date) 5/4/25

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

[signature] 5/4/25

Provider (or Representative) Date

WAC 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

(3) Have evidence of liability insurance coverage available if requested by the department.

This requirement was not met as evidenced by:

Based on record review, and interviews, the adult family home (AFH) failed to ensure proof of liability insurance required for 4 out of 4 residents (Resident 1, 2, 3, and 4). This failure placed all residents at risk for potential harm to bodily injury or property damage in which the AFH is deemed legally liable.

Findings included...

During an administrative record review on 04/07/2025, at 2.20 P.M. the Adult Family Home (AFH) did not have the required current Commercial general liability and Professional liability insurance document on file.

Record review of a Commercial general liability and Professional liability insurance document on file showed the policy expired on 10/02/2023.

During an exit interview on 04/07/2025 at 2:22 P.M., Staff B was unable to locate a current insurance document for the home. The Provider was given until 04/09/2025 9:00 AM to forward the missing insurance policies to the department. As of 04/14/2025, the department has not received the missing insurance policies for the adult family home.

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, Topaz Brook AFH LLC is or will be in compliance with this law and / or regulation on (Date) 5/4/25

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

Provider (or Representative) — Date 5/4/25

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 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on record review, observations and interview, the adult family home (AFH) failed to have a system in place to meet the medication needs of residents and to ensure residents received medications as required for 3 of 4 residents (Resident 1, 3, and 4). This failure placed 3 residents at risk for not receiving medications as ordered.

Findings included...

<Resident 1>

Record review on 04/07/2025 at 1:06 P.M., of Resident 1's (R1) Medication Administration Record (MAR), dated April 2025, showed Senna (for constipation) was prescribed as a daily dose.

An observation of R1's medication supply, on 04/07/2025, showed that Senna was missing from R1's medication supply.

During an interview on 04/07/2025 at 1:12 P.M., Staff B confirmed R1 took the last dose on 04/02/2025. Staff B reported speaking with R1's son on 04/06/2025 about bringing Senna to the home for R1.

<Resident 3>

Record review on 04/07/2025 at 1:20 P.M., of Resident 3's (R3) Medication Administration Record (MAR), dated April 2025, showed Therems (for vitamin deficiency) was prescribed as a daily dose.

An observation of R3's medication supply, on 04/07/2025, showed that Therems was missing from R3's medication supply.

During an interview on 04/07/2025 at 1:29 P.M., Staff B was unsure why Therems is missing from R3's medication supply.

<Resident 4>

Record review on 04/07/2025 at 1:35 P.M., of Resident 4's (R4) Medication Administration Record (MAR), dated April 2025, showed Senna (for constipation), Therems (for vitamin deficiency), Lidocaine patch (for pain), Magnesium Citrate (for constipation) were prescribed as a daily dose. Acetaminophen (for pain) and Triamcinolone cream (for itching) were prescribed as needed (PRN).

An observation of R3's medication supply, on 04/07/2025, showed that Senna, Therems, Lidocaine patch, Magnesium Citrate, Acetaminophen and Triamcinolone cream were missing from R4's medication supply.

During an interview on 04/07/2025 at 1:52 P.M., Staff B reported R4 has refused Senna in the past and reported Triamcinolone cream was not working. Staff B was unsure why Therems, Lidocaine patch, Magnesium Citrate, and Acetaminophen are missing in R4's medication supply.

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, Topaz Brook AFH LLC is or will be in compliance with this law and / or regulation on (Date) 5/4/25

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

Provider (or Representative) _____ Date 5/4/25

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on record review, observation and interview, the adult family home (AFH) failed to have strategies and modifications listed in residents' Negotiated care plan (NCP) as required to address the symptoms for which the medication is prescribed for 1 of 4 residents (Resident 1). This failure placed Resident 1 at risk for unmet care needs.

Findings included...

R1's record showed they were admitted to the home on [redacted]/2024.

An observation of R1's medication supply, on 04/07/2025 at 1:09 PM, showed Escitalopram (mental health medication) was included in R1's medication supply and was marked as administered daily on R1's April 2025 MAR.

Record review on 04/07/2025 at 1:09 P.M., showed R1's resident file contained no evidence of precautionary steps for adverse side effects from Escitalopram. R1's Negotiated care plan contained no evidence of behavioral strategies to address symptoms for which Escitalopram was prescribed.

In an interview on 04/07/2025 at 1:10 P.M. Staff B was unable to explain why there were no behavioral suggestions on the NCP for R1.

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, Topaz Brook AFH LLC is or will be in compliance with this law and / or regulation on (Date) 5/4/25

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

Provider (or Representative) _____ Date 5/4/25

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

04/30/2025

Topaz Brook AFH LLC
Topaz Brook AFH LLC
6806 Topaz Dr SW
Lakewood, WA 98498

RE: Topaz Brook AFH LLC # 756663

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/24/2025 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 388-76-10375 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 the Negotiated care plan signed for 2 of 4 residents (Resident 2 and Resident 4) upon their admission. In Resident 2 records there was a completed Negotiated care plan dated [redacted]/2024 with no signatures. In Resident 4's records there was a complete Negotiated care plan dated [redacted]/2024 with no signatures. The department received the Negotiated care plans with signatures on 04/09/2025. This resulted in no resident harm. Consultation given.

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

The Adult Family Home failed to have a Medicaid policy signed for 4 of 4 residents (Resident 1, Resident 2, Resident 3 and Resident 4) upon their admission. Resident 1 was admitted to the home on [redacted]/2024 with no Medicaid policy signed. Resident 2

was admitted on [redacted]/2024 with no Medicaid policy signed. Resident 3 was admitted on [redacted]/2024 with no Medicaid policy signed and Resident 4 was admitted on [redacted]/2024 with no Medicaid policy signed. The department received the Medicaid policies with signatures on 04/09/2025. This resulted in no resident harm. Consultation given.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(1) The adult family home must complete the department's standardized disclosure of services form. The home must:

(a) List on the form the scope of care and services available in the home;

(b) Send the completed form to the department when applying for a license; and

(c) Provide an updated form to the department thirty days prior to changing services, except in emergencies, when the scope of care and services is changing.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(b) Provide a copy upon resident request; and

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

(3) These forms do not replace the notice of rights and services required when a resident is admitted to the adult family home as directed in WAC 388-76-10530 .

The Adult Family Home failed to have a Disclosure of Services form signed for 2 of 4 residents (Resident 1 and Resident 4) upon their admission. Resident 1 was admitted to the home on [redacted]/2024 with no Disclosure of Services form signed. Resident 4 was admitted on [redacted]/2024 with no Disclosure of Services form signed. The department received the Disclosure of Services forms with signatures on 04/09/2025. This resulted in no resident harm. Consultation given.

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

(3) Is stored in well-sealed food grade or glass containers;

(4) Is chlorinated or commercially bottled;

(5) Is replaced every six months, unless it is sealed and commercially bottled; and

(6) Is stored in a cool, dry location away from direct sunlight.

The Adult Family Home failed to have the required minimum amount of emergency drinking water for each resident (6 total) and staff (3). The home should always have a minimum of 24 gallons of water in the home. During the environmental tour on 04/07/2025 at 11:59 AM 14 gallons of water was observed in the home. Staff A was able to secure an additional 12 gallons of water before this inspection was completed. This resulted in no resident harm. Consultation given.

WAC 388-76-10795 Windows.

(1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:

(a) The sill height must not be more than forty-four inches above the finished floor. For homes licensed after July 1, 2007, the department will not approve alternatives to the sill height requirement such as step(s), raised platform(s), or other devices placed by or under the window openings.

(b) The opening area must be a minimum of 5.7 square feet, except that the openings of windows in rooms at grade level as defined by the International Residential Code may have a minimum clear opening of 5.0 square feet. The window must also have:

(i) A minimum opening height of twenty-four inches;

(ii) A minimum opening width of twenty inches; and

(c) The home must ensure the bedroom window can be opened from inside the room without keys, tools, or special knowledge or effort to open.

(d) The window must be free from obstructions that might block or interfere with access for emergency escape or rescue.

(2) When resident bedroom windows are fitted with storm windows, the home must equip the storm windows with release mechanisms that:

(a) Easily open from the inside; and

(b) Do not require a key or special knowledge or effort to open.

(3) The home must ensure that each basement window is kept free from obstructions that might block or interfere with access for emergency escape or rescue.

The Adult Family Home failed to keep the window (Bedroom B) free from obstructions that might block or interfere with access for emergency escape or rescue. During the environmental tour on 04/07/2025 at 11:56 AM, a dresser was observed in front of the window. Staff A assisted the resident with moving the dresser from in front of the window before this inspection was completed. This resulted in no resident harm. Consultation given.

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 IDR**s 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