STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Jack's AFH LLC

Jack's AFH LLC
9903 13th St SE
Lake Stevens, WA 98258

RE: Jack's AFH LLC License # 756799

Dear Provider:

This letter addresses Compliance Determination(s) 44932 (Completion Date 07/30/2024) and 43148 (Completion Date 06/25/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/30/2024 and found that you have corrected the violations listed in the Complaint report dated 06/25/2024. Your home is back in compliance as of 07/13/2024 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 388-76-10485-1, WAC 388-76-10375, WAC 388-76-10375-1, WAC 388-76-10375-2

The Department staff who did the on-site verification:
Jennifer Nichols, Community Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 06/25/2024 and 06/25/2024 of:

Jack's AFH LLC
9405 51st Ave NE
Marysville, WA 98270

This document references the following complaint number(s): 134826

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Jennifer Nichols, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have all medications in locked storage. This failure resulted in jeopardizing the safety of 4 of 4 residents (Resident 1, 2, 3 & 4) by having access to unsecured medications.

Findings included…

Record review of the AFH's undated Medication Policy showed that the AFH required caregivers to keep medications in locked storage at all times. This includes over-the-counter pain relief medications such as Tylenol, all vitamins, and barrier creams.

Observation, on 06/25/2024 at 9:35 AM, showed four residents resided at the AFH.

Observation, on 06/25/2024 at 9:48 AM, showed a locker system with individual lockers in a resident living area off the kitchen. Observation showed one unsecured locker with multiple pharmacy packaged medication cards and bottles of prescription eye and mouth drops. The prescription labels had Resident 3's name on them.

In an interview, on 06/25/2024 at 9:52 AM, Staff C (Caregiver) stated that the unsecured locker with Resident 3's medications was unsecured because they were cleaning it.

Observation, on 06/25/2024 at 9:58 AM, showed two unopened patches, labelled as "Lidocaine & Menthol" (a medicated patch used to relieve pain), sitting out unsecured on the end table beside Resident 2's bed in Resident 2's unsecured room.

In an interview, on 06/25/2024 at 11:47 AM, Staff A (Entity Representative) stated that someone else must have put Resident 2's Lidocaine & Menthol patches on resident 2's end table beside their bed unsecured.

In an interview, on 06/25/2024 at 11:57 AM, Resident 2 stated that their Lidocaine &

Menthol patches were usually secured and AFH staff helped put their patches on them. Resident 2 stated they did not know why the Lidocaine & Menthol patches were on their bedside end table unsecured.

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, Jack's AFH LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 2 of 4 resident's (Resident 2 & 3) Negotiated Care Plan (NCP) was agreed to and signed and dated by the resident and AFH. This failure placed Resident 2 & 3 at risk for unrecognized and unmet care needs.

Findings included…

Record review showed the AFH admitted Resident 2 on [redacted]/2024 with multiple diagnoses. Review of Resident 2's assessment, dated 03/07/2024, showed they required caregiver assistance with activities of daily living. Review of Resident 2' NCP, dated 02/10/2024, showed no documentation of signatures from Resident 2, and the AFH that would indicate agreement of the NCP.

In an interview, on 06/25/2024 at 11:47 AM, Staff A (Entity Representative) stated that it was a mistake that there was no signatures of Resident 2 or their representative, and the AFH on Resident 2's NCP indicating it was agreed to.

Record review showed the AFH admitted Resident 3 on [redacted]/2024 with multiple diagnoses. Review of Resident 3's assessment, dated 05/02/2024, showed they required

caregiver assistance with activities of daily living. Review of Resident 3' NCP, dated 05/26/2024, showed no documentation of signatures from Resident 3, and the AFH that would indicate agreement of the NCP.

In an interview, on 06/25/2024 at 11:47 AM, Staff A stated that there was no signatures on Resident 3's NCP indicating it was agreed to because they were waiting for Resident 3's representative to come sign it.

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, Jack's AFH LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date