



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

05/06/2025

Agano Adult Family Home LLC
Agano Adult Family Home LLC
408 Garrison St NE
Olympia, WA 98506

RE: Agano Adult Family Home LLC # 757265

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 59079 (Completion Date 05/06/2025) and 56410 (Completion Date 03/19/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/06/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

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;

The Department staff who did the On Site verification:

Jonel Tuckett, AFH Complaint Investigator

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

Sincerely,

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit G
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



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Statement of Deficiencies	License #: 757265	Compliance Determination # 56410
Plan of Correction	Agano Adult Family Home LLC	Completion Date
Page 1 of 3	Licensee: Agano Adult Family Home LLC	03/19/2025

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 an unannounced on-site complaint investigation on 03/17/2025 and 03/19/2025 of:

Agano Adult Family Home LLC
408 Garrison St NE
Olympia, WA 98506

This document references the following complaint number(s): 167911

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

The department staff that investigated the Adult Family Home:

Jonel Tuckett, AFH 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

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Statement of Deficiencies

License #: 757265

Compliance Determination # 56410

Plan of Correction

Agano Adult Family Home LLC

Completion Date

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Licensee: Agano Adult Family Home LLC

03/19/2025

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

03/24/2025

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.

Shorngit

Provider (or Representative)

4/3/2025

Date

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;

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to review and revise each resident's Negotiated Care Plan (NCP) following an assessment for a significant change for 1 of 4 residents (Resident 1 [R1]). This failure placed R1 at risk for not receiving agreed-upon care and services in the AFH.

Findings included...

A record review on 03/17/2025 at 9:55 AM showed that the AFH had requested a significant change assessment for R1 from department staff for R1's undocumented care needs. Department staff completed the significant change assessment for R1 on 12/27/2024. Department staff revised R1's assessment to reflect that R1 required extensive assistance by two persons for care, was unable to get out of bed, was unable to leave the AFH, and showed safety concerns with evacuating R1 from the AFH as R1 was unable to use their manual wheelchair.

A record review on 03/17/2025 at 1:38 PM of R1's NCP dated 09/05/2024 showed that the AFH and R1 last reviewed, signed, and dated R1's NCP on 10/10/2024. R1's NCP failed to show revised planned care for R1 as identified in R1's significant change assessment dated 12/27/2024.

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Statement of Deficiencies

License #: 757265

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Plan of Correction

Agano Adult Family Home LLC

Completion Date

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Licensee: Agano Adult Family Home LLC

03/19/2025

During an interview on 03/17/2025 at 1:38 PM, the Provider stated that they had not reviewed and revised R1's NCP following R1's significant change assessment on 12/24/2024, but they had providing all of R1's care the whole time.

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, Agano Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 4/3/2025.

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

Shonengat

Provider (or Representative)

04/03/2025

Date

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