STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

FRANK TOBEY JONES
FRANKE TOBEY JONES
5340 N Bristol St
Tacoma, WA 98407

RE: FRANKE TOBEY JONES # 61

Dear Administrator:

This document references Compliance Determination 43655 (07/31/2024), which included complaint number(s) 135393.
The Department completed a complaint investigation of your Assisted Living Facility on 07/31/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Kathy Heinz, Long Term Care Surveyor

Consultation:

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

The facility failed to administer an as needed anti- anxiety medication for a resident as prescribed. The facility requested a review of the medication order. The physician changed the order and the medication was administered as prescribed.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately; and
• Complete correction as soon as possible.

You Are Not:
• Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
• Inspect the facility to determine if you have corrected all deficiencies.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:
• Please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: FRANKE TOBEY JONES **Provider Type:** Assisted Living Facility
License/Cert.#: 61
Compliance Determination #: 43655 **Intake ID:** 135393
Investigator: Kathy Heinz **Region/Unit #:** RCS Region 3 / Unit D
Investigation Date(s): 07/03/2024 through 07/31/2024
Complainant Contact Date(s):

Allegation(s):

1. Medications were not given as ordered.
2. Medications were withheld without an order.
3. Medications were found in resident rooms on the floor and in cups.
4. Narcotics were missing.

Investigation Methods:

Sample:	Total residents: 40 Resident sample size: 6 Closed records sample size:
Observations:	Residents Activities Resident rooms
Interviews:	Nursing staff Family members complainant
Record Reviews:	Personnel files Medication Administration records Incident investigation Narcotic Logs

Investigation Summary:

1. Based on observation, interview and record review, failed practice was identified when an order for an anti- anxiety medication was not administered as prescribed and a consultation was written under WAC 388-78A-2210 (1) (B) - medication services.
2. There was no evidence to support the allegation a medication was withheld without an order.
3. Observation of rooms failed to show medications were left unsecured.
4. Review of narcotic logs and medication administration records failed to show narcotics were unaccounted for.

The facility conducted an investigation when made aware of the allegations.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A