



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

June 6, 2019

Maria Lourdes F Bartolome  
LORDS JOY ADULT FAMILY HOME  
14641 MILITARY RD S  
SEATAC, WA 98168

RE: LORDS JOY ADULT FAMILY HOME License #554203

Dear Provider:

On June 4, 2019 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated April 8, 2019.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:  
Susan Aromi, Licensor

If you have any questions please, contact me at (253) 234-6007.

Sincerely,

Elena Atanasova, Field Manager  
Region 2, Unit G  
Residential Care Services



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RECEIVED  
 MAY 03 2019  
 DSHS/ALTSA/RCS

Statement of Deficiencies	License #: 554203	Completion Date
Plan of Correction	LORDS JOY ADULT FAMILY HOME	April 8, 2019
Page 1 of 3	Licensee: MARIA BARTOLOME	

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site full inspection of: 3/29/2019

LORDS JOY ADULT FAMILY HOME  
 14641 MILITARY RD S  
 SEATAC, WA 98168

The department staff that inspected the adult family home:  
 Susan Aromi, BSN, RN, Licenser

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit G  
 20425 72nd Avenue S, Suite 400  
 Kent, WA 98032-2388  
 (253)234-6007

As a result of the on-site full inspection 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.

*Elm Aro* Residential Care Services 04/12/2019 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.

*[Signature]* Provider (or Representative) 04/18/2019 Date

RECEIVED  
MAY 03 2019  
DSSHS/ALTSAP/DCS

**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 observation, interview and record review, the adult family home (AFH) failed to ensure the negotiated care plan (NCP) for one of two sampled residents (Resident #6) included the use of psychopharmacologic medication and caregiver interventions to address the behaviors for which the psychopharmacologic medication was prescribed. This failure placed the Resident #6 at risk for not receiving needed care.

**Findings included...**

In an interview on 03/30/19 at 10:58 AM, Staff C, Caregiver, stated that Resident #6 had diagnosis of [REDACTED] and had some inappropriate behaviors.

Observation of Resident #6's medications on 03/30/19 at 12:40 PM, at the dining room table, showed Aricept (medication for dementia) in plastic packets.

Review of the resident's March 2019 medication log on 03/30/19 showed the caregivers initiated Aricept as given daily, for dementia, from 03/01/19 to 03/30/19.

Review of Resident #1's assessment dated 11/27/18 showed the resident had diagnosis of [REDACTED] had short-term and long-term memory problems, and multiple current behaviors. The resident's NCP dated 11/27/18 did not include the use of Aricept and caregiver interventions to address the behaviors for which the medication was prescribed.

Staff A, Provider, was not available at the AFH during the inspection on 03/30/19. In a phone interview on 04/01/19 at 11:08 AM, Staff A stated she did not know Aricept was a psychopharmacologic medication.

**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, LORDS JOY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 04/10/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
\_\_\_\_\_  
Provider (or Representative)

04/18/2019  
\_\_\_\_\_  
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:**

(4) At least every twelve months.

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

Based on interview and record review, the adult family home (AFH) failed to update the negotiated care plan (NCP) for one of two sampled residents (Resident #4) at least every twelve months. This failure placed Resident #4 at risk for unmet care needs.

**Findings included...**

In an interview on 03/29/19 at 10:58 AM, Staff C, Caregiver, stated that the caregivers provided care and services to Resident #4.


Review on 03/29/19 of Resident #4's records showed a current NCP dated 11/15/18 and another NCP dated 12/13/16.

On 03/29/19 at 01:18 PM, when asked where Resident #4's NCP before 11/15/18 was, Staff C showed Resident #4's 12/13/16 NCP. When asked where Resident #4's 2017 NCP was, Staff C searched Resident #4's old files, and then stated that Staff A, Provider might have filed the NCP somewhere else. Staff C stated she would call Staff A to ask about Resident #4's previous NCP, and have Staff A fax the NCP to the department.

In a telephone interview on 04/01/19 at 11:08 AM, Staff A stated that Resident #4's previous NCP was in Resident #4's old files. Resident #4's NCP faxed to the department on 04/02/2019 was dated 12/13/2016.

**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, LORDS JOY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 04/18/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
\_\_\_\_\_  
Provider (or Representative)

04/18/2019  
\_\_\_\_\_  
Date

3rd page - received (hand-delivered by provider) on 6/04/19 - S.A.