



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

April 16, 2015

CERTIFIED MAIL 7008 1300 0000 7160 6489

Licensee, Bernadette Jones AFH LLC.
Bernadette Jones AFH LLC.
6318 36th Street West
University Place, WA 98466

Adult Family Home License #691400
Entity Representative: Bernadette Jones

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Licensee:

On April 2, 2015, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection/investigation at your facility. This letter is formal notice of the imposition of conditions on the license for your adult family home, located at **6318 36th Street West, University Place**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code (WAC) 388-76-10940.

The conditions are based on the following violations of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated **April 2, 2015**.

WAC 388-76-10430(1)(2)(c)(d) – Medication system.

The licensee failed to ensure a safe medication delivery system was in place.

This is a repeat deficiency from September 12, 2012 and December 4, 2012.

WAC 388-76-10475(1) – Medication—Log.

The licensee failed to ensure staff kept an accurate up-to-date medication log for one resident.

This is a repeat deficiency from December 4, 2012.

NOTE: These are the violations which resulted in the conditions on the license; see the attached Statement of Deficiencies for any additional violations.

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The department has determined that the following conditions shall be placed on your adult family home license:

The provider, at her own expense, will hire a Registered Nurse Consultant to assist the provider to implement the medication management system ensuring:

- ***Residents receive all medication as prescribed;***
- ***Medications are obtained timely;***
- ***Medication logs are accurately completed;***
- ***Explanations for missed medications; and***
- ***All caregivers receive training regarding the medication management system.***
- ***Monitor to ensure the medication management system is working consistently for the minimum of two months after all caregivers, including the provider and Resident Manager, are trained on the system.***

The Registered Nurse Consultant must be hired by April 24, 2015.

The Registered Nurse Consultant will be available to answer questions by the department.

The provider will provide the Registered Nurse Consultant with a copy of the April 2, 2015 Statement of Deficiencies (SOD).

- ***The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.***

The effective date of the conditions on your license is **April 16, 2015** via **verbal** notification. As provided in RCW 70.128.162(b), WAC 388-76-10990 (6), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Lisa Cramer, Field Manager
Region 3, Unit A
PO Box 45819 – MS: N27-24
Olympia, WA 98504-5819
Phone: (253) 983-3826 / Fax: (253) 589-7240

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Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 70.128]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

The written request must be received by the 10th working day from receipt of this letter.

During the IDR process you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your written request to:

Informal Dispute Resolution Program Manager
Residential Care Services
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225

Formal Administrative Hearing

You may contest the conditions by requesting a formal administrative hearing to challenge the deficiencies which resulted in the conditions. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

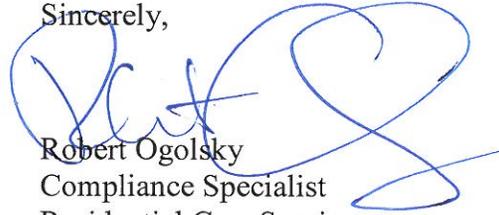
Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

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If you have any questions, please contact Lisa Cramer, Field Manager at (253) 983-3826.

Sincerely,



Robert Ogolsky
Compliance Specialist
Residential Care Services

Enclosure

cc: Robert Ogolsky, Compliance Specialist
Field Manager, Region 3, Unit A
RCS Regional Administrator, Region 3
HCS Regional Administrator, Region 3
DDA Regional Administrator, Region 3
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
Valentina Karnafel, HCS
HQ Central Files
NDL