



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

October 14, 2021

JULIES ADULT FAMILY HOME INC  
JULIES AFH INC  
102 143RD ST SW  
LYNNWOOD, WA 98087

RE: JULIES AFH INC License #750479

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on September 29, 2021 for the deficiency or deficiencies cited in the report/s dated August 6, 2021 and found no deficiencies.

The Department staff who did the inspection:  
Nicholette Flynn, Nursing Consultant Institution

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

*Jayne Hill*  
*for* Shelly Scarboro, Field Manager  
Region 2, Unit B  
Residential Care Services



**Residential Care Services  
Investigation Summary Report**

**Provider/Facility:** JULIES AFH INC (687890)

**Intake ID(s):** 3780423

**License/Cert. #:** AF750479

**Investigator:** Flynn, Nicholette

**Region/Unit:** RCS Region 2/Unit B

**Investigation Date(s):** 08/02/2021 through 08/06/2021

**Complainant Contact Date(s):** 08/02/2021, 08/17/2021

**Allegations:**

1. The residents are not allowed to use the common areas of the adult family home (AFH), not allowed out of their rooms, and have to eat their meals in their rooms.
2. The AFH failed to ensure residents received their mail.
3. The AFH provider and caregiver have left the home unsupervised.

**Investigation Methods:**

**Sample:** 3 residents

**Observations:** Internal AFH environment, residents, staff/resident interactions, infection control procedure

**Interviews:** Residents, caregiver, AFH Entity Representative, and others not associated with the AFH

**Record Reviews:** Resident medical records, AFH records, care plans and assessments

**Allegation Summary:**

1. Interviews showed that residents were not confined to their rooms. Sampled residents preferred to eat their meals in their rooms. The residents enjoyed activities with other members of the household, helped with laundry, and watched movies in the living room. The sampled residents did not have any care concerns. No failed practice identified.
2. Interviews showed that the sampled residents do not have any concerns about receiving their mail. No failed practice identified.
3. Interviews showed that a staff member was always on duty. The AFH Entity Representative and caregiver lived in the home and one of them was always staffed as a caregiver. No failed practice identified.

**Unalleged Violation(s):**  **Yes**  **No**

An additional deficiency not related to the complaint was identified.



**Residential Care Services**  
**Investigation Summary Report**

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**Conclusion / Action:**  **Failed Provider Practice Identified / Citation(s) Written**

**Failed Provider Practice Not Identified / No Citation Written**

WAC 388-76-10255 (1) Infection control.



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Statement of Deficiencies	License #: 750479	Completion Date
Plan of Correction	JULIES AFH INC	August 6, 2021
Page 1 of 2	Licensee: JULIES ADULT FAMILY HOME INC	

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 complaint investigation of: 8/2/2021

JULIES AFH INC  
 102 143RD ST SW  
 LYNNWOOD, WA 98087

This document references the following complaint number: 3780423

The department staff that inspected and investigated the adult family home:  
 Nicholette Flynn, Nursing Consultant Institution



From:

DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit B  
 3906-172nd St NE, Suite #100  
 Arlington, WA 98223  
 (360)651-6872

As a result of the on-site complaint investigation 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

8/16/2021  
 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.

X

Provider (or Representative)

8-24-2021  
 Date

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

**WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:**

(1) Uses nationally recognized infection control standards;

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

Based on observation, interview, and record review, the adult family home (AFH) failed to ensure staff wore masks while in the licensed area of the AFH and interacting with 5 of 5 residents (Residents 1, 2, 3, 4, and 5). This placed 5 of 5 residents health at risk for contracting the virus known to cause COVID-19.

Findings included...

Review of the "Safe Start for Long Term Care Recommendations and Requirements for Long-Term Care Residential Care Settings," dated 07/01/2021, showed all facilities must have all staff wear a cloth face covering or face mask while in the home. All staff must wear a cloth face covering or face mask when interacting with residents.

During an observation on 08/02/2021 at 12:23 PM, household member 1 answered the door without a mask. During the same observation at 12:23 PM, Staff B, caregiver, greeted department staff at the front door not wearing a mask.

During an observation on 08/02/2021 at 12:40 PM, Staff A, entity representative, greeted department staff in the hallway of the AFH not wearing a mask.

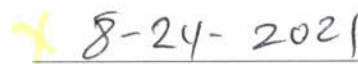
An observation on 08/02/2021 at 1:20 PM, showed Staff B in Resident 5's room, sat on the edge of bed, and fed Resident 5 her lunch. Staff B was observed not wearing a mask.

During an interview on 08/02/2021 at 1:20 PM, Staff A stated that herself and staff do not wear masks in resident rooms because the residents would not understand what is being said by staff. Staff A stated that she was not aware she had to wear a mask in her own home. Staff A stated that she had not reviewed the Safe Start plan dated 07/01/2021.

**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, JULIES AFH INC is or will be in compliance with this law and / or regulation on (Date) 8-24-2021. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

 8-24-2021  
Date

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