



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 98907, Lakewood, WA 98496

January 30, 2019
CERTIFIED MAIL
7015 0920 0001 8187 3437

C & J Homes, LLC
Cozy Life Adult Family Home
1314 Vine St
Milton, WA 98354

RE: Cozy Life Adult Family Home License #752903

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on January 30, 2019 and found that your home does not meet the adult family home licensing requirements below.

The Department staff who did the investigation and provided consultation:
Kathleen Edder, Adult Family Home Licensors

Consultation:

WAC 388-76-10615 Resident rights Transfer and discharge.

(5) The home must include the following in the written notice specified in subsection (2) of this section:

(f) For residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals.

The adult family home failed to provide the contact information of the local mental health support agency for one resident with [REDACTED] diagnoses who was discharged from the home.

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 home to determine if you have corrected all deficiencies.

You May:

- Ask for an informal dispute resolution meeting, according to the attached "Informal

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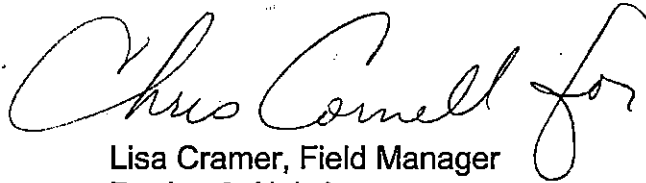
Dispute Resolution" instructions; and

- Ask questions and provide written information to help clarify or dispute the deficiencies.

If You Have Any Questions:

- Please contact me at (253) 983-3826.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Cramer for". The signature is written in black ink and is positioned above the typed name and title.

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: Cozy Life Adult Family Home (902545) **Intake ID(s):** 3579681
License/Cert. #: AF752903
Investigator: Edder, Kathleen **Region/Unit:** RCS Region 3/Unit A **Investigation Date(s):** 11/20/2018 through 01/30/2019
Complainant Contact Date(s):

Allegations:

All allegations were identified. Reporter alleges 1- the AFH discharged a resident without proper notification.

Investigation Methods:

Sample: 2 of 5 current residents, plus 3 of 3 discharged residents

Observations: general environment, residents in their rooms and in the common areas of the home

Interviews: Staff (acting resident manager), guardian for 1 discharged resident

Record Reviews: Records for 2 of 5 current residents (including 30 day notices of discharge from AFH and emails from the acting RM to families)
Closed Records for 3 of 3 discharged residents

Allegation Summary:

The investigator conducted an unannounced onsite investigation on the above dates related to all allegations/incidents identified. Record review revealed the adult family home failed to provide the contact information of the local mental health support agency for one resident with [REDACTED] diagnoses who was discharged from the home.

Unalleged Violation(s): Yes No

None

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

Failed Provider Practice Not Identified / No Citation Written

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



Residential Care Services Investigation Summary Report

The AFH demonstrated failed provider practice as documented in a Statement of Deficiencies dated 01/30/2019. Consultation written to address the lack of contact information in the discharge notice supplied to the resident from the home.