



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
*PO Box 45819, Olympia, WA 98504*

September 9, 2019

Joshuas House AFH LLC  
Joshua's House AFH LLC  
4702 25th Ave SE  
Lacey, WA 98503

RE: Joshua's House AFH LLC License #752957

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on September 5, 2019 for the deficiency or deficiencies cited in the report/s dated July 18, 2019 and found no deficiencies.

The Department staff who did the inspection:  
Rathana Duong, AFH Licensor

If you have any questions please, contact me at (360) 664-8421.

Sincerely,

Chris Cornell, Field Manager  
Region 3, Unit D  
Residential Care Services



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
PO Box 45819, Olympia, WA 98504

RECEIVED

SEP 04 2019

DSHS RCS  
REGION 3

|                           |                                 |                 |
|---------------------------|---------------------------------|-----------------|
| Statement of Deficiencies | License #: 752957               | Completion Date |
| Plan of Correction        | Joshua's House AFH LLC          | July 18, 2019   |
| Page 1 of 5               | Licensee: Joshuas House AFH LLC |                 |

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: 7/18/2019

Joshua's House AFH LLC  
4702 25th Ave SE  
Lacey, WA 98503

The department staff that inspected the adult family home:  
Rathana Duong, AFH Licenser

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 3, Unit D  
PO Box 45819  
Olympia, WA 98504  
(360)664-8421

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.

Chris Cornell  
Residential Care Services

July 19, 19  
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.

Carlene L. Reeves  
Provider (or Representative)

8/7/19  
Date

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

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**WAC 388-76-10161 Background checks Who is required to have.**

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

- (a) A Washington state name and date of birth background check; and
- (b) A national fingerprint background check.

**WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.**

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

- (a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;
- (b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

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

Based on observation, record review, and interview, the adult family home failed to ensure Washington state name and date of birth background checks for one of five staff (Caregiver A) and one Co-Licensee were renewed every two years. This failure placed five of five residents (Residents #1, #2, #3, #4, #5) at risk for exposure to individuals with unknown background histories.

**Findings included...**

On 07/18/19 at 9:10 AM; Caregiver A was observed to be the sole caregiver on shift. During interview at approximately 9:30 AM, Caregiver A reported typically there is only one staff person working per shift, but provider is also in the home most days. Caregiver A was observed throughout the visit providing care to all residents.

On 07/18/19 at 10:50 AM, Co-Licensee arrived to the home, and was observed interacting with residents.

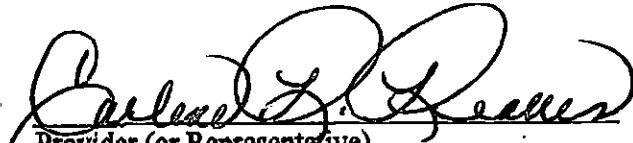
Administrative record review on 07/18/19 showed Caregiver A had on file a Washington state name and date birth background check which expired 11/03/18. Caregiver A had a renewed background check completed on 02/08/19, three months late. Co-Licensee's Washington state name and date of birth background check was noted to have expired on 06/03/19.

During interview 07/18/19 at 2:05 PM, provider acknowledged Caregiver A's background check was renewed late, and Co-Licensee's background check had expired. Provider stated she would renew Co-Licensee's background check as soon as possible.

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**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, Joshua's House AFH LLC is or will be in compliance with this law and / or regulation on (Date) 9/18/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency. 9-02-19 CR

  
 Provider (or Representative)

8/7/19  
 Date

**WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:**

- (1) A list of the care and services to be provided;
- (2) Identification of who will provide the care and services;
- (3) When and how the care and services will be provided;
- (4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;
- (5) The resident's activities preferences and how the preferences will be met;
- (6) Other preferences and choices about issues important to the resident, including, but not limited to:
  - (a) Food;
  - (b) Daily routine;
  - (c) Grooming; and
  - (d) How the home will accommodate the preferences and choices.
- (7) If needed, a plan to:
  - (a) Follow in case of a foreseeable crisis due to a resident's assessed needs;
  - (b) Reduce tension, agitation and problem behaviors;
  - (c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;
  - (d) Respond to a resident's refusal of care or treatment, including when the resident's physician or practitioner should be notified of the refusal;
- (8) Identification of any communication barriers the resident may have and how the home will use behaviors and nonverbal gestures to communicate with the resident;
- (9) A statement of the ability for resident to be left unattended for a specific length of time; and
- (10) A hospice care plan if the resident is receiving services for hospice care delivered by a licensed hospice agency.

**WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.**

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

Based on observation, record review, and interview, the adult family home failed to ensure a

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Negotiated Care Plan (NCP) was developed within thirty days of admission for one of five residents (Resident #5). This failure placed Resident #5 for unmet care needs.

Findings included...

On 07/18/19, Resident #5 was observed throughout visit requiring assistance with mobility using a wheelchair, and assistance with transfers using a [REDACTED]

On 07/18/19, admission agreement showed Resident #5 was admitted to the home on [REDACTED] 19. Assessment dated 04/05/19 showed Resident #5 has diagnoses including, but not limited to;

[REDACTED] The assessment showed Resident #5 required extensive assistance with all personal care tasks.

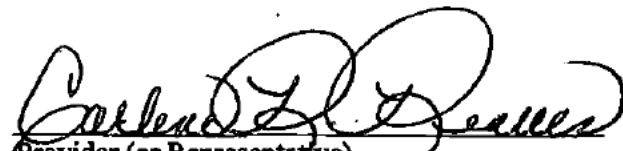
Included in Resident #5's records was a preliminary service plan dated 04/13/19, written based on the information that was reported in the assessment. The preliminary service plan did not include the current care needs of Resident #5.

A Negotiated Care Plan (NCP) was not included in Resident #5's records.

During interview 07/18/19 at 12:40 PM, provider acknowledged she had not completed the NCP for Resident #5, noting that it was still in progress. Provider stated she would completed the NCP as soon as possible.

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, Joshua's House AFH LLC is or will be in compliance with this law and / or regulation on (Date) 9/24/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency. CR

  
Provider (or Representative)

8/7/19  
Date

WAC 388-76-10530 Resident rights Notice of services. The adult family home must provide each resident notice in writing and in a language the resident understands before admission, and at least once every twenty-four months after admission of the:

- (1) Services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;
- (2) Charges for those services, items, and activities including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs; and
- (3) Rules of the home's operations.

This requirement was not met as evidenced by:

Based on record review, and interview, the adult family home failed to review the admission

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agreement of one of five residents (Resident #3) every twenty four months as required. This failure violated Resident #3's rights to be informed of any changes to care services, charges, and rules of the home.

**Findings included..**

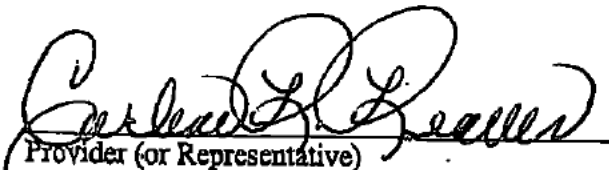
On 07/18/19, admission agreement showed Resident #3 was admitted to the home on [redacted] 15. Resident #3's assessment dated 10/22/18 showed a primary diagnosis of [redacted]. Resident #3's record included a Durable Power of Attorney (DPOA) to make decisions on his behalf. Resident #3's admission agreement was due for review in 2017 and 2019. There was no evidence the admission agreement had been reviewed since admission.

During interview at about 1:10 PM, provider stated she was not aware the admission agreement was required to be reviewed every twenty four months.

**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, Joshua's House AFH LLC is or will be in compliance with this law and / or regulation on (Date) 9/10/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

CR

  
 Provider (or Representative)

8/7/19  
 Date

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STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
*PO Box 45819, Olympia, WA 98504*

July 19, 2019

**CERTIFIED MAIL**

7018 3090 0000 2464 7160

Joshuas House AFH LLC  
Joshua's House AFH LLC  
4702 25th Ave SE  
Lacey, WA 98503

RE: Joshua's House AFH LLC License #752957

Dear Provider:

The Department completed a full inspection of your Adult Family Home on July 18, 2019 and found that your home does not meet the adult family home licensing requirements.

The Department:

- Found a deficiency or deficiencies which resulted or may result in harm to residents; and
- Wrote the enclosed report; and
- May take enforcement action based on any deficiency listed on the enclosed report.

You Must:

- Within 10 calendar days after you receive this letter, provide a written plan on the enclosed report, according to the attached "Plan":
  - Begin the process of correcting the deficiency or deficiencies immediately; and
  - Complete correction within 45 days, or sooner if directed by the Department; and
  - Sign and date the first page of the enclosed report; and
  - Return the first page with your plan; and
  - Have your plan approved by the Department.

Consultation:

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

**WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:**  
(5) The resident or resident representative is aware the resident is taking the psychopharmacologic medication and its purpose.

During record review 07/18/19, Resident #3 was noted to be taking psychotropic

medications. There was no documented consent from Resident #3 or his representative for use of psychotropic medications. A consent form was completed and signed by Resident #3's representative during the visit.

**WAC 388-76-10895 Emergency evacuation drills Frequency and participation.  
The adult family home must ensure:**

(1) Emergency evacuation drills occur during random staffing shifts at least every two months; and

A review of emergency evacuation drills on 07/18/19 showed the drill dated 06/27/18 took place three months after the previous drill dated 03/22/18.

**You Are Not:**

- Required to submit a plan-of-correction for the deficiency or deficiencies not listed on the enclosed report.

**The Department:**

- Expects all deficiencies to be corrected within the timeframe accepted by the department; and
- May inspect the home to determine if you have corrected all deficiencies.

**You May:**

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Ask for an informal dispute resolution meeting, according to the attached "Informal 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 (360) 664-8421.

Sincerely,



Chris Cornell, Field Manager  
Region 3, Unit D  
Residential Care Services

Enclosure