



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

December 23, 2019  
**CERTIFIED MAIL**  
7018 3090 0000 2464 7191

Leonard AFH LLC  
Leonard AFH LLC  
8512 Pacific Ave SE  
Lacey, WA 98513

RE: Leonard AFH LLC License #753040

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on December 23, 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:  
Denise Nolan, NCI-Community Complaint Investigator

**Consultation:**

**WAC 388-76-10225 Reporting requirement.**

- (1) The adult family home must ensure all staff:
- (b) Report the following to the department by calling the complaint toll-free hotline number:
  - (i) Any actual or potential event requiring any resident to be evacuated;

Adult family home did not report to the department hotline when 1 of 2 residents was transported to the local hospital after a fall with injury. Fall precautions were in place and all other required notifications were made.

**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:**

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- 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,

A handwritten signature in cursive script that reads "Chris Cornell".

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



**Residential Care Services  
Investigation Summary Report**

**Provider/Facility:** Leonard AFH LLC (939727)      **Intake ID(s):** 3680929  
**License/Cert. #:** AF753040  
**Investigator:** Nolan, Denise      **Region/Unit:** RCS Region 3/Unit D      **Investigation Date(s):** 12/13/2019 through 12/23/2019  
**Complainant Contact Date(s):** 12/12/2019

**Allegations:**

Quality of care/Treatment - Named Resident was reported to have black, long dirty toe nails, dirty hair and gained weight. Named Resident had a recent fall and received a bruise on their leg.

**Investigation Methods:**

**Sample:** Named Resident (no longer lives at adult family home), 1 other Resident

**Observations:** 4 other Residents, Staff interaction with Residents, care and services, environment and safety measures

**Interviews:** 1 other Resident, Facility Staff, Other's not associated with facility

**Record Reviews:** Named Resident closed record, 1 other Resident record, medication administration record, incident log dated 11/15/19

**Allegation Summary:**

Quality of care/Treatment - Previously investigated - dirty hair, long dirty toe nails and weight gain and no failed practice was identified. The adult family home made all required notifications except to department hotline when Named Resident had an unwitnessed fall with injury and was transported to the local hospital. Failed facility practice was identified during investigation.

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

None

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

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

Quality of care/Treatment - Failed facility practice was identified through interviews and record reviews. See consult dated 12/13/19, WAC 388-76-10225 1-b-i



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

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