



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

October 15, 2019

Aging Well Senior Care LLC  
Aging Well Senior Care LLC  
615 SE 104th Ave  
Vancouver, WA 98664

RE: Aging Well Senior Care LLC License #753453

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on October 11, 2019 for the deficiency or deficiencies cited in the report/s dated August 29, 2019 and found no deficiencies.

The Department staff who did the inspection:  
Jody Just, Licensor

If you have any questions please, contact me at (360) 397-9549.

Sincerely,

Karyl Ramsey, Field Manager  
Region 3, Unit E  
Residential Care Services



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 800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

Statement of Deficiencies	License #: 753453	Completion Date
Plan of Correction	Aging Well Senior Care LLC	August 29, 2019
Page 1 of 2	Licensee: Aging Well Senior Care 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:  
 8/27/2019

Aging Well Senior Care LLC  
 615 SE 104th Ave  
 Vancouver, WA 98664

The department staff that inspected the adult family home:  
 Jody Just, Licensor

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 3, Unit E  
 800 NE 136th Avenue, Suite#220  
 Vancouver, WA 98684  
 (360)397-9549

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.

Anita Jaye for Karyl Ramsey  
 Residential Care Services

9.24.19

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.

[Signature]  
 Provider (or Representative)

9/30/19  
 Date

[Signature]  
 10/10/19

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

**WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid payments. The policy must:**

- (1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;
- (2) Be provided both orally and in writing in a language that the resident understands;
- (3) Be provided to prospective residents, before they are admitted to the home;
- (4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;
- (5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and be kept in the resident record after signature.

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

Based on interview and record review, the provider failed to disclose information on a separate page about Medicaid payments including the circumstances under which Medicaid funding would or would not be accepted and any situation in which additional funds would be charged. This placed one of five residents (Resident #1) and any future residents at risk if their financial circumstances changed and at risk of making an uninformed decision.

**Findings included...**

Record review revealed Resident #1 did not have a Medicaid Policy signed by his representative. The provider stated that Resident #1 was state pay and she did not know state pay residents needed a Medicaid Policy. The provider stated she will have Resident #1's representative review and sign the Medicaid policy as soon as possible.

On the full inspection dated 5/11/2018 the provider was given a consultation for not having the Medicaid Policy signed for two residents.

**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, Aging Well Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 10/06/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
 \_\_\_\_\_  
 Provider (or Representative)

09/30/19  
 \_\_\_\_\_  
 Date



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

RECEIVED

OCT 03 2019

DSHS RCS  
REGION 3

September 24, 2019  
**CERTIFIED MAIL**  
7018 3090 0000 2464 7474

Aging Well Senior Care LLC  
Aging Well Senior Care LLC  
615 SE 104th Ave  
Vancouver, WA 98664

RE: Aging Well Senior Care LLC License #753453

Dear Provider:

The Department completed a full inspection of your Adult Family Home on August 29, 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 388-76-10350 Assessment Updates required. The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:**

- (1) When there is a significant change in the resident's physical or mental condition;
- (2) When the resident's negotiated care plan no longer reflects the resident's current status, needs and preferences;

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

- (3) At the resident's request or at the request of the resident's representative; or
- (4) At least every twelve months.

One sampled resident did not have their assessment reviewed every 12 months.

**WAC 388-76-10540 Resident rights Disclosure of fees and charges Notice requirements Deposits.**

- (1) The adult family home must complete the department's disclosure of charges form and provide a copy to each resident admitted to the home.
- (2) If the adult family home requires an admission fee, deposit, prepaid charges, or any other fees or charges, by or on behalf of a person seeking admission, the home must give the resident full disclosure in writing in a language the resident understands prior to its receipt of any funds.
- (3) The disclosure must include:
  - (a) A statement of the amount of any admissions fees, security deposits, prepaid charges, minimum stay fees, or any other fees or charges specifying what the funds are paid for and the basis for retaining any portion of the funds if the resident dies, is hospitalized, transferred, or discharged from the home;
  - (b) The home's advance notice or transfer requirements; and
  - (c) The amount of the security deposits, admission fees, prepaid charges, minimum stay fees, or any other fees or charges that the home will refund to the resident if the resident leaves the home.
- (4) The home must ensure that the resident and home sign and date an acknowledgement in writing stating that the resident has received a disclosure required under subsection (2) of this section. The home must retain a copy of the disclosure and acknowledgement.
- (5) If the home does not provide the disclosures in subsection (3) to the resident, the home must not keep the resident's security deposits, admission fees, prepaid charges, minimum stay fees, or any other fees or charges.
- (6) If a resident dies, is hospitalized, or is transferred to another facility for more appropriate care and does not return to the home, the adult family home:
  - (a) Must refund any deposit or charges paid by the resident less the home's per diem rate for the days the resident actually resided, reserved, or retained a bed in the home regardless of any minimum stay policy or discharge notice requirements;
  - (b) May keep an additional amount to cover its reasonable and actual expenses incurred as a result of a private-pay resident's move, not to exceed five days per diem charges, unless the resident has given advance notice in compliance with the home's admission agreement; and
  - (c) Must not require the resident to obtain a refund from a placement agency or person.
- (7) The adult family home must not retain funds for reasonable wear and tear by the resident or for any basis that would violate RCW 70.129.150 .
- (8) The adult family home must provide the resident with any and all refunds due to him or her within thirty days from the resident's date of discharge from the home.
- (9) Nothing in this section applies to provisions in contracts negotiated between a home and a certified health plan, health or disability insurer, health maintenance organization, managed care organization, or similar entities.

(10) The home must ensure that any resident admission agreement is consistent with the requirements of this section, chapters 70.128 , 70.129, and 74.34 RCW, and other applicable state and federal laws.

Two sampled residents did not have the Disclosure of Charges form signed by themselves or legal representatives.

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) 397-9549.

Sincerely,

*Angel Jayz for Karyl Ramsey*

Karyl Ramsey, Field Manager  
Region 3, Unit E  
Residential Care Services

Enclosure