



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
316 W Boone Ave., Suite 170, Spokane, WA 99201

July 10, 2019

Johnson Family Homes LLC  
Johnson Family Homes LLC  
7814 N Calispel St  
Spokane, WA 99208

RE: Johnson Family Homes LLC License #753829

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on July 8, 2019 for the deficiency or deficiencies cited in the report/s dated May 20, 2019 and found no deficiencies.

The Department staff who did the inspection:  
Scott Sorensen, AFH Licenser

If you have any questions please, contact me at (509) 323-7324.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Bergeron".

Susan Bergeron, Field Manager  
Region 1, Unit B  
Residential Care Services



**Residential Care Services  
Investigation Summary Report**

**Provider/Facility:** Johnson Family Homes LLC (1140709) **Intake ID(s):** 3638384

**License/Cert. #:** AF753829

**Investigator:** Sorensen, Scott

**Region/Unit:** RCS Region 1/Unit B

**Investigation Date(s):** 05/10/2019 through 05/20/2019

**Complainant Contact Date(s):**

**Allegations:**

- 1. A named resident had a fall with injury.

**Investigation Methods:**

**Sample:** 4 residents

**Observations:** residents' injuries and wounds, staff availability, condition of residents, care and services, resident environment

**Interviews:** residents, provider

**Record Reviews:** resident assessment, care plans, accident/incident logs

**Allegation Summary:**

1. Residents were observed in the home to receive care from the staff. The named resident was observed and fall interventions were in place. Residents were interviewed and had no concerns related to safety at that time. The home documented the fall in the accident/incident log. No deficient practice found in regards to this issue.

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

This complaint investigation was done in conjunction with a full inspection. The citation from the full inspection may be found on the Statement of Deficiencies dated May 20, 2019.

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

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

No citations were written related to this issue at this time.



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Statement of Deficiencies	License #: 753829	Completion Date
Plan of Correction	Johnson Family Homes LLC	May 20, 2019
Page 1 of 4	Licensee: Johnson Family Homes 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 complaint investigation and full inspection of: 5/10/2019

Johnson Family Homes LLC  
 7814 N Calispel St  
 Spokane, WA 99208

This document references the following complaint number: 3638384

The department staff that inspected the adult family home:

Scott Sorensen, RN, BSN, AFH Licenser

**RECEIVED**  
 MAY 29 2019  
 DSHS ADSA RCS  
 SPOKANE WA

From:

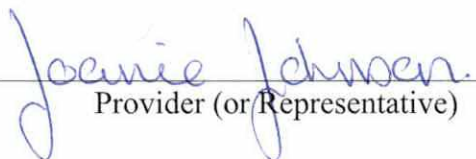
DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 1, Unit B  
 316 W Boone Ave., Suite 170  
 Spokane, WA 99201  
 (509)323-7324

As a result of the on-site complaint investigation and 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.

  
 Residential Care Services

5/21/19  
 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.

X   
 Provider (or Representative)

X 5/28/19  
 Date

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

**\*WAC 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:**

(1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or

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

Based on interview and record review, the home failed to ensure one of one staff reviewed for tuberculosis (TB) testing (Staff B), in a sample of two, received a one-step TB test upon hire. This deficient practice placed the residents at risk for respiratory illness. Findings included...

Review of Staff B's, caregiver, employee files showed the home hired Staff B on 04/15/19. Review of Staff B's TB record showed she received two negative skin test results on 01/19/14 and 02/03/14. There was no documentation to show Staff B received an additional TB test upon hire.

During an interview on 05/10/19 at 1:45 PM, Staff A, Provider, stated that she thought Staff B received all TB testing as required.

During an interview on 05/10/19 at 3:00 PM, Staff B stated that she did not receive any TB testing since employed by the home.

**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, Johnson Family Homes LLC is or will be in compliance with this law and / or regulation on (Date) 6/28/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Joanie Johnson  
Provider (or Representative)

5/28/19  
Date

**\*WAC 388-76-10181 Background checks Employment Nondisqualifying information.**

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and

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

Based on interview and record review, the home failed to complete a character, competence and suitability (CCS) review for one of one staff (Staff B) whose background check showed non-disqualifying convictions in a sample of two. This deficient practice placed the residents at risk for receiving care and services from an unsuitable caregiver. Findings included...

Review of Staff B's, caregiver, employee files showed the home hired Staff B on 04/15/19.

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

During an interview on 05/10/19 at 9:20 AM, Staff A, Provider stated that Staff B, caregiver worked in the home five days a week and had unsupervised access to the residents.

Review of Staff B's employee file showed the results of a Washington State Name and Date of Birth background check, dated 04/19/19, that showed one criminal conviction that was not automatically disqualifying.


During an interview on 05/10/18 at 1:45 PM, Staff A stated that she reviewed Staff B's background check conviction, but did not complete the CCS as required.

#### 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, Johnson Family Homes LLC is or will be in compliance with this law and / or regulation on (Date) 5/28/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

 Jeanie Johnson  
Provider (or Representative)

 5/28/19  
Date

 **WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:**

(10) A current inventory of the resident's personal belongings dated and signed by:

- (a) The resident; and
- (b) The adult family home.

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

Based on observation, interview, and record review, the home failed to ensure the resident's inventory list for personal belongings was completed for two of four sample residents (#2 and #3). This deficient practice placed the resident at risk for the loss of personal possessions. Findings included...

Observation on 05/10/19 between 9:40 AM and 10:00 AM showed Residents #2 and #3 had multiple personal possessions in their bedrooms.

Review of Resident #2 and 3's admission records showed no documentation of an inventory list for personal belongings.

During an interview on 05/10/19 at 3:25 PM, Staff A, Provider stated that she was unaware the belonging lists were not completed.

**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, Johnson Family Homes LLC is or will be in compliance with this law and / or regulation on (Date) 5/28/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X Janie Johnson  
Provider (or Representative)

X 5/28/19  
Date



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
316 W Boone Ave., Suite 170, Spokane, WA 99201

May 21, 2019

**CERTIFIED MAIL**

7018 1830 0000 2132 3506

Johnson Family Homes LLC  
Johnson Family Homes LLC  
7814 N Calispel St  
Spokane, WA 99208

RE: Johnson Family Homes LLC License #753829

Dear Provider:

The Department completed a full inspection and complaint investigation of your Adult Family Home on May 20, 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 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:**

- (4) Criminal history disclosure and background check results as required.

Johnson Family Homes LLC  
Johnson Family Homes LLC License #753829  
May 21, 2019  
Page 2

The home failed to ensure the fingerprint and Washington state name and date of birth background check results were available to the department for one staff member. The Provider stated that she received the result letters, but sent the original documents with the initial licensing application.

**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.

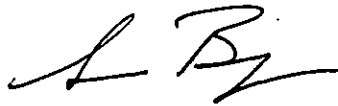
**You May:**

- 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 (509) 323-7324.

Sincerely,



Susan Bergeron, Field Manager  
Region 1, Unit B  
Residential Care Services

Enclosure

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