STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Delong and Ojennus, LLC
Morning Glory Adult Family Home
4570 Avery Lane SE Suite C PMB K
Lacey, WA 98503

RE: Morning Glory Adult Family Home License # 754028

Dear Provider:

This letter addresses Compliance Determination(s) 56127 (Completion Date 03/24/2025) and 43466 (Completion Date 08/06/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/24/2025 and found that you have corrected the violations listed in the Follow up report dated 08/06/2024. Your home is back in compliance as of 02/10/2025 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10750-6-c, WAC 388-76-10430-2-c, WAC 388-76-10430-1

The Department staff who did the on-site verification:
Andria Underwood, LTC Surveyor

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

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manger
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 754028	Compliance Determination # 43466
Plan of Correction	Morning Glory Adult Family Home	Completion Date
Page 1 of 4	Licensee: Delong and Ojennus, LLC	08/06/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for an unannounced on-site follow-up on 07/01/2024 and 07/01/2024 of:
Morning Glory Adult Family Home
5116A 43rd Ave SE
Lacey, WA 98503

This document references the following SOD dated: 08/06/2024

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Andria Underwood, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

As a result of the on-site visit(s) 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.

Clinton Fridley RN
Residential Care Services

08/19/2024
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.

1/18/25

Provider (or Representative)

3/10/25
Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure water temperature did not exceed 120 degrees Fahrenheit for 4 of 4 residents (Resident 1, 2, 3, and 4). This failure placed all residents at risk for injury due to high water temperatures.

Findings included...

During follow-up inspection on 07/01/2024 at 10:19 AM, the water temperature in the hall bathroom, with two sinks, was measured at 132.5 and 132.2 degrees Fahrenheit.

On 07/01/2024 at 10:53 AM, Bedroom B's bathroom, with two sinks, was measured at 127.2 and 128.1 degrees Fahrenheit.

During a interview with Provider on 07/01/2024 at 10:55 AM, Provider stated that they didn't know why the water temperature was still high as the water heater thermostat was set on low. Provider stated they will get a plumber in to look at the temperatures as something isn't working right.

This is an uncorrected deficiency previously cited on 05/01/2024.

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, Morning Glory Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 1-18-2025 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) _____ Date _____

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure water temperature did not exceed 120 degrees Fahrenheit for 4 of 4 residents (Resident 1, 2, 3, and 4). This failure placed all residents at risk for injury due to high water temperatures.

Findings included...

During follow-up inspection on 07/01/2024 at 10:19 AM, the water temperature in the hall bathroom, with two sinks, was measured at 132.5 and 132.2 degrees Fahrenheit.

On 07/01/2024 at 10:53 AM, Bedroom B's bathroom, with two sinks, was measured at 127.2 and 128.1 degrees Fahrenheit.

During a interview with Provider on 07/01/2024 at 10:55 AM, Provider stated that they didn't know why the water temperature was still high as the water heater thermostat was set on low. Provider stated they will get a plumber in to look at the temperatures as something isn't working right.

This is an uncorrected deficiency previously cited on 05/01/2024.

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, Morning Glory Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

1/18/25

Centonzale 3/10/25

Provider (or Representative) Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home failed to ensure there was a system in place to ensure 3 of 4 residents (Resident 1, 2, and 3) had accurate medication logs and 1 of 4 residents (Resident 3) had current physicians orders. These failures placed Resident 1, 2, and 3 at risk for not receiving medications as prescribed.

Findings included...

Review of Resident 1's Medication Administration Record (MAR) for June 2024 revealed missing administration initials for two different medications, one at 8:00 AM and the other one at 8:00 PM, on 06/28/2024.

Review of Resident 2's June 2024 MAR showed a constipation medication was to be given three times a week, but there were no administration initials for the whole month of June. MAR revealed an as needed pain medication was singed off as administered on the following dates, 06/01/2024, 06/03/2024, 06/06/2024 through 06/08/2024, 06/10/2024, 06/11/2024, 06/13/2024 through 06/15/2024, 06/17/2024, 06/18/2024, 06/20/2024 through 06/22/2024, 06/24/2024, 06/26/2024 through 06/29/2024, but there were no documentation of when the as needed medication was administered.

On 07/01/2024 at 10:43 AM, Caregiver 1 confirmed they had been giving Resident 2 their constipation medication and had just forgotten to sign the MAR as being administered.

Review of Resident 3's MAR for June 2024 revealed this was an AFH created MAR with 12 different medications listed. There was no physician documentation confirming what Resident 3's prescribed the medications.

Provider (or Representative) Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home failed to ensure there was a system in place to ensure 3 of 4 residents (Resident 1, 2, and 3) had accurate medication logs and 1 of 4 residents (Resident 3) had current physicians orders. These failures placed Resident 1, 2, and 3 at risk for not receiving medications as prescribed.

Findings included...

Review of Resident 1's Medication Administration Record (MAR) for June 2024 revealed missing administration initials for two different medications, one at 8:00 AM and the other one at 8:00 PM, on 06/28/2024.

Review of Resident 2's June 2024 MAR showed a constipation medication was to be given three times a week, but there were no administration initials for the whole month of June. MAR revealed an as needed pain medication was singed off as administered on the following dates, 06/01/2024, 06/03/2024, 06/06/2024 through 06/08/2024, 06/10/2024, 06/11/2024, 06/13/2024 through 06/15/2024, 06/17/2024, 06/18/2024, 06/20/2024 through 06/22/2024, 06/24/2024, 06/26/2024 through 06/29/2024, but there were no documentation of when the as needed medication was administered.

On 07/01/2024 at 10:43 AM, Caregiver 1 confirmed they had been giving Resident 2 their constipation medication and had just forgotten to sign the MAR as being administered.

Review of Resident 3's MAR for June 2024 revealed this was an AFH created MAR with 12 different medications listed. There was no physician documentation confirming what Resident 3's prescribed the medications.

On 07/01/2024 at 10:50 AM, Provider said Resident 3 is taken to a naturopath doctor by their father and the father then supplies Provider with all necessary medication. Provider confirmed they did not have anything from the naturopath doctor confirming what Resident 3's prescribed medications were.

This is an uncorrected deficiency previously cited on 05/01/2024.

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, Morning Glory Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 4/18/25 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) _____ Date 3/10/25

On 07/01/2024 at 10:50 AM, Provider said Resident 3 is taken to a naturopath doctor by their father and the father then supplies Provider with all necessary medication. Provider confirmed they did not have anything from the naturopath doctor confirming what Resident 3's prescribed medications were.

This is an uncorrected deficiency previously cited on 05/01/2024.

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, Morning Glory Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Provider (or Representative) Date

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 754028	Compliance Determination # 39126
Plan of Correction	Morning Glory Adult Family Home	Completion Date
Page 1 of 4	Licensee: Delong and Ojennus, LLC	05/01/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 04/01/2024 and 04/01/2024 of:

Morning Glory Adult Family Home
5116A 43rd Ave SE
Lacey, WA 98503

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Andria Underwood, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

As a result of the on-site visit(s), 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

05/08/2024
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.

Provider (or Representative) 6/17/24 Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observations and interviews, the Adult Family Home (AFH) failed to keep water temperature at a common area sink between 105- and 120-degrees Fahrenheit. This failure placed 4 of 4 resident at risk for injury due to high water temperature.

Findings included...

During environmental tour of AFH on 04/01/2024, the water in the hall bathroom with two sinks was measured at 10:00 AM and observed to be at 137.8 and 138.2 degrees Fahrenheit. Bedroom B's bathroom, also with two sinks, was measured at 10:06 AM and observed to be at 135.1 and 136 degrees Fahrenheit. Bedroom C's bathroom sink was measured at 10:09 AM and was observed to be at 135.9 degrees Fahrenheit.

During interview with Provider on 04/01/2024 at 12:00 PM, they were not aware the hot water was that high and immediately turned water temperature down on water heater.

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, Morning Glory Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/17/24 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) 6/17/24 Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on record review, observation, and interview the Adult Family Home failed to keep an accurate medication log and supply for 2 of 4 resident (Resident 2/ R2 and Resident 4/ R4). This failure placed R2 and R4 at risk for not receiving medications as prescribed.

Findings included...

Record review of R2's Medication Administration Record (MAR) dated March 2024, showed R2 was prescribed an as needed (PRN) pain relief medication and a different pain relief medication was being signed off as being administered every day.

Observations of R2's medication supply on 04/01/2024 at 11:00 AM found both these medications to be missing.

During interview with Provider on 04/01/2024 at 11:15 AM they said the pain reliever that was being signed off as being administered was discontinued “a while ago” and the resident wasn't being given this medication (discontinue order was provided). Provider confirmed they did not have the other as needed pain medication in supply but would request a refill immediately.

Record Review of R4's MAR dated March 2024 showed R2 was prescribed a constipation medication, cough medicine, and a gas relief medication. MAR and physician order stated a blood pressure medication was not to be given if heart rate was under 50. There was no documentation of R4's daily heart rate showing they were following doctor's administration instructions.

Observations of R4's medication supply on 04/01/2024 at 11:30 AM found constipation medication was expired on 08/19/2023 and cough medicine was expired on 10/04/2023. Gas relief medication was missing from supply.

During interview with Provider on 04/01/2024, at 11:40 AM, they said they do take Resident 4's heart rate every day but were not documenting it. Provider was not aware the

constipation medication and cough syrup had expired as Resident 4 never uses them.

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, Morning Glory Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/17/24 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) — Date: 6/17/2024

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Delong and Ojennus, LLC
Morning Glory Adult Family Home
4570 Avery Lane SE Suite C PMB K
Lacey, WA 98503

RE: Morning Glory Adult Family Home # 754028

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/01/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1

Tumwater, WA 98501

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

The Adult Family Home failed to complete a emergency evacuation drill since 12/14/2023. Provider said this was just a mistake and record showed this was the only time it had been over 60 days without a drill. Provider completed an emergency drill within 24 hours of inspection, consultation provided.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a 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.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit G
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600