



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

DJ's Adult Family Home LLC
DJ's Adult Family Home LLC
10805 SE 232nd Pl
Kent, WA 98031

RE: DJ's Adult Family Home LLC License # 755833

Dear Provider:

This letter addresses Compliance Determination(s) 42541 (Completion Date 06/11/2024) and 37558 (Completion Date 04/15/2024).

The Department completed a follow-up inspection of your Adult Family Home on 06/11/2024 and found that you have corrected the violations listed in the Complaint report dated 04/15/2024. Your home is back in compliance as of 05/06/2024 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 388-76-10365, WAC 388-76-10380-3

The Department staff who did the on-site verification:
Lori Smith, Nursing Consultant Institutional

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 20425 72nd Avenue S, Suite 400, Kent, WA 98032

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|---------------------------|--------------------------------------|----------------------------------|
| Statement of Deficiencies | License #: 755833 | Compliance Determination # 37558 |
| Plan of Correction | DJ's Adult Family Home LLC | Completion Date |
| Page 1 of 7 | Licensee: DJ's Adult Family Home LLC | 04/15/2024 |

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 complaint investigation on 02/29/2024 and 04/10/2024 of:

DJ's Adult Family Home LLC
 10805 SE 232nd Pl
 Kent, WA 98031

This document references the following complaint number(s): 119510, 125141, 125744


The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Lori Smith, Nursing Consultant Institutional

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit E
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032

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

04/17/2024
 Date

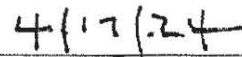
I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

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

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| Statement of Deficiencies | License #: 755833 | Compliance Determination #37558 |
| Plan of Correction | DJ's Adult Family Home LLC | Completion Date |
| Page 2 of 7 | Licensee: DJ's Adult Family Home LLC | 04/15/2024 |



Provider (or Representative)



Date

WAC 388-76-10365 Negotiated care plan Implementation Required. The adult family home must implement each resident's negotiated care plan.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to implement the negotiated care plan (NCP) for 1 of 2 sampled residents (Resident 1) when the AFH used Resident 1's personal funds to pay for haircuts and nail care. This failure resulted in Resident 1 paying for services that should have been paid by the AFH.

Findings included...

In an interview on 03/29/2024 at 11:54 AM, Collateral Contact 1 said that the AFH received an additional \$40.00 per day from the department for each resident who participated in the AFH Meaningful Day (MD) program (a contracted program between the department and the AFH to provide daily, individualized, meaningful activities to participating residents, with a goal to reduce challenging behaviors). The funds were expected to be used to cover the costs of MD activity outings. The resident's NCP was to specify whether the resident used their own money for any of the MD activities. The AFH was to create a calendar every month for each participating resident to plan an MD activity for each day.

In an interview on 04/04/2024 at 11:59 AM, Collateral Contact 2 said that the department authorized MD services for Resident 1 beginning on 01/11/2023.

Review of Resident 1's NCP's, dated 11/16/2022 and 11/16/2023, showed the AFH was to use funds obtained from the MD program to pay for Resident 1's haircuts and nail care.

Review of Resident 1's MD calendar, dated 08/2023, showed the AFH planned to take Resident 1 to a salon for a manicure, pedicure, and haircut on 08/21/2023.

Review of Resident 1's personal debit card statement, dated 08/01/2023 through 08/31/2023, showed the following transactions:

- 08/22/2023, Named Beauty Salon, - \$17.00
- 08/23/2023, Named Nail Salon, -\$45.00

Review of Resident 1's MD calendar, dated 10/2023, showed the AFH planned to take Resident 1 to a salon for a manicure, pedicure and haircut on 10/07/2023.

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

| Provider (or Representative) | Date |
|------------------------------|------|
|------------------------------|------|

WAC 388-76-10365 Negotiated care plan Implementation Required. The adult family home must implement each resident's negotiated care plan.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to implement the negotiated care plan (NCP) for 1 of 2 sampled residents (Resident 1) when the AFH used Resident 1's personal funds to pay for haircuts and nail care. This failure resulted in Resident 1 paying for services that should have been paid by the AFH.

Findings included...

In an interview on 03/29/2024 at 11:54 AM, Collateral Contact 1 said that the AFH received an additional \$40.00 per day from the department for each resident who participated in the AFH Meaningful Day (MD) program (a contracted program between the department and the AFH to provide daily, individualized, meaningful activities to participating residents, with a goal to reduce challenging behaviors). The funds were expected to be used to cover the costs of MD activity outings. The resident's NCP was to specify whether the resident used their own money for any of the MD activities. The AFH was to create a calendar every month for each participating resident to plan an MD activity for each day.

In an interview on 04/04/2024 at 11:59 AM, Collateral Contact 2 said that the department authorized MD services for Resident 1 beginning on 01/11/2023.

Review of Resident 1's NCP's, dated 11/16/2022 and 11/16/2023, showed the AFH was to use funds obtained from the MD program to pay for Resident 1's haircuts and nail care.

Review of Resident 1's MD calendar, dated 08/2023, showed the AFH planned to take Resident 1 to a salon for a manicure, pedicure, and haircut on 08/21/2023.

Review of Resident 1's personal debit card statement, dated 08/01/2023 through 08/31/2023, showed the following transactions:

- 08/22/2023, Named Beauty Salon, - \$17.00
- 08/23/2023, Named Nail Salon, -\$45.00

Review of Resident 1's MD calendar, dated 10/2023, showed the AFH planned to take Resident 1 to a salon for a manicure, pedicure and haircut on 10/07/2023.

Review of Resident 1's personal debit card statement, dated 10/01/2023 through 10/31/2023, showed the following transactions:

- 10/03/2023, Named Beauty Salon, - \$17.00
- 10/04/2023, Named Nail Salon, -\$40.00

Review of Resident 1's MD calendar, dated 11/2023, showed AFH planned to take Resident 1 to a salon for a haircut and nails on 11/15/2023.

Review of Resident 1's personal debit card statement, dated 11/01/2023 through 11/30/2023, showed the following transactions:

- 11/15/2023, Named Beauty Salon, - \$17.00
- 11/16/2023, Named Nail Salon, -\$40.00

Review of Resident 1's MD calendar, dated 12/2023, showed AFH planned to take Resident 1 to a salon for a haircut and nails on 12/15/2023.

Review of Resident 1's personal debit card statement, dated 12/01/2023 through 12/31/2023, showed the following transactions:

- 12/17/2023, Named Nail Salon, -\$30.00

Review of Resident 1's MD calendar, dated 01/2024, showed the AFH planned to take Resident 1 to a salon for a haircut and nails on 01/15/2024.

Review of a transaction listing for Resident 1's personal debit card, undated and provided on 03/29/2024, showed the following transactions:

- 01/09/2024, Named Beauty Salon, - \$17.00
- 03/20/2024, Named Beauty Salon, - \$17.00

Additionally, the following transactions were attempted, but were blocked (not paid).

- 01/09/2024, Named Nail Salon, - \$45.00 (blocked)
- 02/07/2024, Named Nail Salon, - \$45.00 (blocked)
- 03/01/2024, Named Nail Salon, - \$45.00 (blocked)
- 03/01/2024, Named Beauty Salon, - \$17.00 (blocked)
- 03/20/2024, Named Nail Salon, - \$45.00 (blocked)

In an interview, Staff A, Entity Representative, said that they did not know that the NCP showed the AFH was to use MD funds for haircuts and nail care. Staff A said that the MD program was still new to them, and they thought Resident 1's debit card could be used to pay for their hygiene needs.

Attestation Statement

| | | |
|---------------------------|--------------------------------------|----------------------------------|
| Statement of Deficiencies | License #: 755833 | Compliance Determination # 37558 |
| Plan of Correction | DJ's Adult Family Home LLC | Completion Date |
| Page 4 of 7 | Licensee: DJ's Adult Family Home LLC | 04/15/2024 |

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, DJ's Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 5/6/24

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

Jenny _____ Date 4/17/24
 Provider (or Representative)

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

- (3) At the request of the resident or the resident representative; or

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to update the negotiated care plan (NCP) for 2 of 2 sampled residents (Resident 1 and Resident 2) to specify who would pay for activities included in the Meaningful Day (MD) program (a contracted program between the department and the AFH to provide daily, individualized, meaningful activities to participating residents, with a goal to reduce challenging behaviors). Additionally, the AFH failed to update Resident 2's NCP to show who managed their finances. These failures put Resident 1 and Resident 2 at risk for financial exploitation.

Findings included...

In an interview on 03/28/2024 at 11:54 AM, Collateral Contact 1 (CC1) said that the AFH received an additional \$40.00 per day from the department for each resident who participated in the AFH MD program. CC1 said that the department expected the AFH to use the funds to cover the cost of MD activity outings, and the resident's NCP was to specify whether the resident used their own money for any of the MD activities. The AFH was to create a calendar every month for each participating resident to plan an MD activity for each day.

<RESIDENT 1>

Review of Resident 1's NCP, dated 11/16/2023, showed the AFH used funds obtained from the MD program to pay for Resident 1's haircuts, nail care, and all the refreshments needed for movie nights. The NCP did not specify who paid for other MD activities that included eating at restaurants or shopping at stores.

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

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, DJ's Adult Family Home LLC 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

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(3) At the request of the resident or the resident representative; or

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to update the negotiated care plan (NCP) for 2 of 2 sampled residents (Resident 1 and Resident 2) to specify who would pay for activities included in the Meaningful Day (MD) program (a contracted program between the department and the AFH to provide daily, individualized, meaningful activities to participating residents, with a goal to reduce challenging behaviors). Additionally, the AFH failed to update Resident 2's NCP to show who managed their finances. These failures put Resident 1 and Resident 2 at risk for financial exploitation.

Findings included...

In an interview on 03/29/2024 at 11:54 AM, Collateral Contact 1 (CC1) said that the AFH received an additional \$40.00 per day from the department for each resident who participated in the AFH MD program. CC1 said that the department expected the AFH to use the funds to cover the cost of MD activity outings, and the resident's NCP was to specify whether the resident used their own money for any of the MD activities. The AFH was to create a calendar every month for each participating resident to plan an MD activity for each day.

<RESIDENT 1>

Review of Resident 1's NCP, dated 11/16/2023, showed the AFH used funds obtained from the MD program to pay for Resident 1's haircuts, nail care, and all the refreshments needed for movie nights. The NCP did not specify who paid for other MD activities that included eating at restaurants or shopping at stores.

In an interview on 04/04/2024 at 11:59 AM, Collateral Contact 2 (CC2) said that the department authorized MD services for Resident 1 beginning on 01/11/2023.

December 2023

Review of Resident 1's MD Calendar, dated 12/2023, showed the AFH planned MD activities that included shopping at stores and eating at various restaurants such as Named Grocery Store 1, Named Restaurant 1, Named Restaurant 2, and Named Restaurant 3.

Review of Resident 1's personal debit card statement, dated 12/01/2023 through 12/31/2023, showed transactions included the following:

- 12/02/2023, Named Grocery Store 1, -\$13.50
- 12/03/2023, Named Restaurant 1, -\$11.00
- 12/07/2023, Named Restaurant 1, -\$8.25
- 12/07/2023, Named Restaurant 2, -\$9.35
- 12/09/2023, Named Restaurant 2, -11.33
- 12/16/2023, Named Grocery Store 1, -\$12.98
- 12/17/2023, Named Restaurant 1, -\$11.00
- 12/30/2023, Named Restaurant 3, -\$4.63

January 2024

Review of Resident 1's MD Calendar, dated 01/2024, showed the AFH planned MD activities that included shopping at stores and eating at various restaurants such as Named Restaurant 1, Named Restaurant 4, and Named Restaurant 5.

Review of a transaction listing for Resident 1's personal debit card, undated and provided on 03/29/2024, showed transactions included the following:

- 01/05/2024, Named Restaurant 4, -\$30.78
- 01/12/2024, Named Restaurant 1, -\$22.00
- 01/18/2024, Named Restaurant 5, -\$2.22

<RESIDENT 2>

Review of Resident 2's NCP, dated 08/16/2023, showed the AFH accompanied Resident 2 when they went out to eat, and provided transportation when Resident 2 went out for haircuts or shopping. Resident 2's NCP did not specify who paid for MD activities. Additionally, Resident 2's NCP showed Resident 2's family members managed their finances.

In an interview on 04/04/2024 at 11:59 AM, CC2 said that the department authorized MD services for Resident 2 beginning on 09/07/2022.

December 2023

Review of Resident 2's MD Calendar, dated 12/2023, showed the AFH planned MD

activities that included going to a salon for nails, shopping at stores such as Named Grocery Store 1 and Named Grocery Store 2 and eating at various restaurants such as Named Restaurant 1, Named Restaurant 2, Named Restaurant 3, and Named Restaurant 6.

Review of Resident 2's personal debit card transaction report, undated and provided on 04/04/2024, showed transactions included the following:

- 12/03/2023, Named Restaurant 1, -\$11.00
- 12/07/2023, Named Grocery Store 2, -\$13.19
- 12/07/2023, Named Restaurant 2, -\$9.35
- 12/07/2023, Named Restaurant 1, -\$8.25
- 12/07/2023, Named Restaurant 2, -\$9.35
- 12/09/2023, Named Restaurant 2, -11.33
- 12/12/2023, Named Grocery Store 2, -\$35.15
- 12/15/2023, Named Restaurant 6, -\$47.03
- 12/16/2023, Named Restaurant 6, -\$22.00
- 12/17/2023, Named Restaurant 1, -\$11.00
- 12/17/2023, Named Nail Salon, -\$30.00
- 12/20/2023, Named Grocery Store 1, -\$18.65

January 2024

Review of Resident 2's MD Calendar, dated 01/2024, showed the AFH planned MD activities that included going to a barber shop, going to a salon for nails, shopping at stores such as Named Video Game Store and eating at various restaurants such as Named Restaurant 1.

Review of Resident 2's personal debit card transaction report, undated and provided on 04/04/2024, showed transactions included the following:

- 01/03/2024, Named Video Game Store, -\$30.81
- 01/03/2024, Named Video Game Store, -\$8.79
- 01/12/2024, Named Restaurant 1, -\$22.00
- 01/25/2024, Named Restaurant 1, -\$8.25

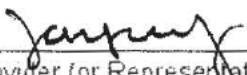
In an interview on 04/10/2024 at 01:15 PM, Resident 2 said that they paid for their own food when Staff A, Entity Representative, took them out to restaurants and they paid for their own haircuts and nail care. Resident 2 said that it was hard to budget their money when they had to pay for all those things. Resident 2 said that they were trying to get a job so they could make some more money. Resident 2 said that they had a representative payee who managed their money, and their family did not manage their money.

In an interview on 04/03/2024 at 2:31 PM, Collateral Contact 3 said that a representative payee managed Resident 2's finances since April 2023.

In an interview on 04/10/2024 at 1:39 PM, Staff A said that they thought Resident 1's and Resident 2's personal debit cards could be used to pay for their food and hygiene needs.

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| Statement of Deficiencies | License #: 755933 | Compliance Determination # 37558 |
| Plan of Correction | DJ's Adult Family Home LLC | Completion Date |
| Page 7 of 7 | Licensee: DJ's Adult Family Home LLC | 04/15/2024 |

Staff A said that they had a verbal agreement with Resident 2 that sometimes the AFH would pay for restaurant meals, and sometimes Resident 2 would pay. Staff A said that the MD program was new to them, and they did not know the NCP's needed to show the agreement for who paid for MD activities. Staff A said that they were not aware that Resident 2's NCP was not updated to show they had a representative payee.

| 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, DJ's Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) <u>5/6/24</u> . | |
| In addition, I will implement a system to monitor and ensure continued compliance with this requirement. | |
|  _____ Provider (or Representative) | <u>4/17/24</u> _____ Date |

Staff A said that they had a verbal agreement with Resident 2 that sometimes the AFH would pay for restaurant meals, and sometimes Resident 2 would pay. Staff A said that the MD program was new to them, and they did not know the NCP's needed to show the agreement for who paid for MD activities. Staff A said that they were not aware that Resident 2's NCP was not updated to show they had a representative payee.

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, DJ's Adult Family Home LLC 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