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

** Joejoyce LLC
** Joe Joyce Adult Family Home
8503 Idlewood Dr SW
Lakewood, WA 98498

RE: ** Joe Joyce Adult Family Home # 756109

Dear Provider:

This document references Compliance Determination 39593 (04/17/2024), which included complaint number(s) 124458.

The Department completed a complaint investigation of your Adult Family Home on 04/17/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Laura Newberry

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:

(2) Is treated with courtesy, dignity, and respect;

The adult family home (AFH) failed to treat 1 of 3 Residents (R1) with dignity and respect when speaking to them during personal care. The AFH made immediate corrective action with required documentation. Consultation was provided.

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

The adult family home (AFH) failed to complete a national fingerprint background check for one staff member. The AFH made immediate corrective action when they were made aware of the missing document. Consultation was provided.

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:

- 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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: ** Joe Joyce Adult Family Home
License/Cert.#: 756109
Compliance Determination #: 39593
Investigator: Laura Newberry
Provider Type: Adult Family Home
Intake ID: 124458
Region/Unit #: RCS Region 3 / Unit G
Investigation Date(s): 04/11/2024 through 04/17/2024
Complainant Contact Date(s): 04/16/2024

Allegation(s):
Quality of care/treatment – The named resident (NR) stated another AFH resident hit them in the face and an AFH staff member made an inappropriate comment to them during personal care.

Investigation Methods:

Sample:	Total residents: 3 Resident sample size: 3 Closed records sample size: 0
Observations:	AFH residents, AFH staff, care and service, meal service
Interviews:	NR and AFH residents, AFH staff, others not associated with AFH
Record Reviews:	Assessments, Negotiated care plans, incident reports, department records, staff records and background checks

Investigation Summary:
Quality of care/treatment – Interview with NR stated that an AFH staff member (CG1) made an inappropriate comment to them during personal care and they were hit by another AFH resident (OR). Interview with CG1 stated that the comment was made but was unaware it was an inappropriate comment and apologized to NR. Interview with OR stated they did hit NR during a misunderstand and understood it was wrong to do so. Interview with AFH Provider stated aware of incidents, made required notifications including to the local police department and Department, and made changes to ensure all residents safety in the AFH. Review of records showed documentation of incidents was done and CG1 was missing a background check. Consultation was provided.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A