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

Ellas Villa AFH LLC

Ellas Villa AFH LLC
4836 40th LN SE
Lacey, WA 98503

RE: Ellas Villa AFH LLC License # 757088

Dear Provider:

This letter addresses Compliance Determination(s) 50039 (Completion Date 11/08/2024) and 44819 (Completion Date 08/21/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/08/2024 and found that you have corrected the violations listed in the Complaint report dated 08/21/2024. Your home is back in compliance as of 10/17/2024 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 388-76-10375-1

The Department staff who did the on-site verification:
Jonel Tuckett, AFH Complaint Investigator

If you have any questions, please contact me at (360)746-4675.

Sincerely,

Clinton Fridley

Clinton Fridley, Field Manager
Region 3, Unit G
Residential Care Services

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AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 757088	Compliance Determination #:44819
Plan of Correction	Ellas Villa AFH LLC	Completion Date
Page 1 of 2	Licensee: Ellas Villa AFH LLC	08/21/2024

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 07/29/2024 and 07/29/2024 of:

Ellas Villa AFH LLC
3615 Stikes Dr SE
Lacey, WA 98503

This document references the following complaint number(s): 138742

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 1 former residents.

The department staff that investigated the Adult Family Home.

Jonel Tuckett, AFH Complaint Investigator

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
Residential Care Services

08/27/2024
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.

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Plan of Correction	Ellas Villa AFH LLC	Completion Date
Page 2 of 2	Licensee: Ellas Villa AFH LLC	08/21/2024

Antony Njoroge
Provider (or Representative)

10/17/2024
Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home failed to ensure that the Negotiated Care Plan (NCP) was agreed to and signed by the resident for 1 of 6 residents (Resident 5[R5]). This failure resulted in R5 being at risk for not agreeing to the care and services provided by the AFH.

Findings included...

A record review on 07/29/2024 at 3:04 pm, of R5's NCP dated 05/29/2024, showed that the NCP was not reviewed and signed by R5 or R5's Representative.

During an interview on 07/29/2024 at 3:04 pm, the Provider stated that R5 was unable to review and sign the NCP. The Provider stated that they had not reached out to R5's representative to have them review and sign R5's NCP.

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, Ellas Villa AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10/17/2024 .

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

Antony Njoroge
Provider (or Representative)

10/17/2024
Date

Provider (or Representative) _____ Date _____

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Provider (or Representative) _____ Date _____