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) 59187 (Completion Date 05/07/2025) and 54069 (Completion Date 03/13/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/07/2025 and found that you have corrected the violations listed in the Follow up report dated 03/13/2025. Your home is back in compliance as of 03/28/2025 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 388-76-10430-2-d

The Department staff who did the on-site verification:
Laura Newberry

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

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 01/31/2025 and 03/13/2025 of:

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

This document references the following SOD dated: 03/13/2025

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Laura Newberry

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

Statement of Deficiencies	License #: 757088	Compliance Determination # 54069
Plan of Correction	Ellas Villa AFH LLC	Completion Date
Page 2 of 3	Licensee: Ellas Villa AFH LLC	03/13/2025

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.

Jennifer LeMaster
Residential Care Services

03/18/2025
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) ANTONY NJOROGE Date 03/28/25

WAC 388-76-10430 Medication system.

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

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to give 1 of 5 Residents (Resident 1 [R1]) their medications as prescribed. This failure resulted in R1 receiving the incorrect dosage of a medication and not having prescribed medications in supply for administration.

Findings included...

Review of R1's record, titled "Assessment", dated 10/02/2024, showed they required assistance with their medication.

Review of R1's record, titled "Physicians Orders", dated 01/2025, showed Calcium (supplement) 600 milligrams (mg) to be given twice daily, Vitamin D3 (supplement) 1000 international units (IU) to be given once daily, Trazodone (sleep/mental health medication) 50mg to be given as needed (PRN) and glucose (used to treat low blood sugar) 4 gram tablet to be given PRN.

On 01/31/2025 observation showed R1 had in their medication supply a bottle of "Calcium with Vitamin D3" that had 600 mg of Calcium and 800 IU of Vitamin D3, as well as a separate bottle of Vitamin D3 2000 IU. Trazodone and Glucose tablets were not available in R1's medication supply.

Statement of Deficiencies	License #: 757088	Compliance Determination # 54069
Plan of Correction	Ellas Villa AFH LLC	Completion Date
Page 3 of 3	Licensee: Ellas Villa AFH LLC	03/13/2025

On 01/31/2025 at 12:06 PM, Caregiver 1 and Caregiver 2 (CG1 and CG2) stated that they gave R1 one tablet from the bottle of "Calcium with Vitamin D3" in the morning, and also gave one tablet from the bottle of separate Vitamin D3 in the morning. CG1 and CG2 stated they then gave one tablet of the "Calcium with Vitamin D3" in the afternoon (or a total of 3600 IU of Vitamin D3 a day).

Review of the medication log dated January 2025 showed R1 received 600 mg of calcium (family supply) twice daily and Vitamin D3 1000 IU once daily.

On 01/31/2025 at 10:30 AM, Provider stated that R1's family supplied the bottle of calcium with D3 and they gave what the family brought, and the ordered glucose had been discontinued.

On 03/13/2025 at 1:58 PM, Provider stated that the trazadone was not in supply because it needed to be ordered.

This is an uncorrected deficiency previously cited on 12/18/2024.

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, Ellas Villa AFH LLC is or will be in compliance with this law and / or regulation on (Date) 03/28/2025 .

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

Provider (or Representative) Date 03/28/2025

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 #: 757088	Compliance Determination #51032
Plan of Correction	Ellas Villa AFH LLC	Completion Date
Page 1 of 5	Licensee: Ellas Villa AFH LLC	12/18/2024

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 12/02/2024 and 12/11/2024 of:

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

This document references the following complaint number(s): 156136, 158739

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Laura Newberry

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

12.20.2024
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.

Antony Njoroge
Provider (or Representative)

01/21/25
Date

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

This requirement was not met as evidenced by:

Based on interview and record review the adult family home (AFH) failed to keep an up-to-date medication log for 1 of 5 Residents (Resident 1 [R1]). This failure put R1 at risk for not receiving their medications as prescribed.

Findings included...

Review of R1's record, titled "Assessment", dated 10/02/2024, showed they required assistance with their medication including recording their blood sugars.

Review of R1's record, titled "Orders", dated 11/2024, showed they required blood sugar checks 4 times a day and Humalog (a medication for blood sugar) by sliding scale three times a day. Order showed they did not have an order for a multivitamin tablet.

Review of R1's record, titled "Medication Administration Record (MAR)", dated November 2024 and December 2024, showed their blood sugar levels were not documented 4 times a day as ordered, and the units of insulin given by sliding scale was not recorded. Record showed a handwritten entry for Multivitamin to be given once daily at 5 PM and was signed as given.

On 12/11/2024 at 1:38 PM, Provider stated that R1's blood sugar is checked 3 times a day and it was a mistake on the AFH staff that it was not done 4 times a day.

On 12/18/2024 at 2:28 PM, Provider stated that they did not have an order for multivitamin and that they store the medication in the resident supply.

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) 01/21/25 .

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

Antony Njoroge — Provider (or Representative)

01/21/25 — Date

WAC 388-76-10430 Medication system.

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

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on interview and record review the adult family home (AFH) failed to give 1 of 5 Resident's (Resident 1 [R1]) medications as prescribed. This failure resulted in R1 receiving the incorrect medications and receiving medications that were not prescribed.

Findings included...

Review of R1's record, titled "Assessment", dated 10/02/2024, showed they required assistance with their medication including recording their blood sugars.

Review of R1's record, titled "Orders", dated 12/2024, showed they required blood sugar checks 4 times a day, Basaglar (a medication for blood sugar) 32 units to be given once a day, Humalog (a medication for blood sugar) to given 3 times a day per sliding scale, and Senna (a medication for constipation) to be given while taking narcotics (pain meds). Order showed they did not have an order for a multivitamin tablet.

Review of R1's record, titled Medication Administration Record (MAR), dated 12/2024, showed a handwritten entry for Multivitamin at Dinner time signed as given 12/1/2024 thru 12/10/2024. Record showed no units for Humalog were recorded and Senna was not recorded as given while R1 was on narcotics.

On 12/11/2024 at 2:25 PM, Caregiver 1 (CG1) stated they assist R1 with their insulin. CG1 was observed accessing R1's insulin from the AFH fridge with the MAR open in front of them. CG1 identified a plastic bag with Humalog and Levemir inside of it as the

insulins used by R1. When CG1 was asked which insulin they would provide at bedtime CG1 incorrectly identified Humalog as the one they would give when Basaglar was the ordered insulin.

On 12/11/2024 at 2:25 PM, observed R1's insulin supplies with CG1 and the Provider present. Observed insulins Humalog and Levemir open and out of the box. Observed Basaglar insulin was still in its sealed box.

On 12/18/2024 at 2:28 PM, Provider stated that they did not give Senna on the request of R1s representative while they were on narcotics.

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) 01/21/25 .

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

Antony Nivogo — Provider (or Representative)

01/21/25 — Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview the adult family home (AFH) failed to secured medications in locked storage for 1 of 5 Residents (Resident 1 [R1]). This failure placed all Residents at risk for harm when medications in the AFH were not properly secured.

Findings included...

Review of R1's record, titled "Assessment", dated 10/02/2024, showed they required assistance with their medication.

On 12/11/2024 at 2:25 PM, observed R1's insulin supplies with CG1 and the Provider present. Observed R1's insulin in the AFH refrigerator in a container without a lock.

On 12/11/2024 at 1:16 PM, Provider stated that R1's family had provided the container they stored R1's insulin in which did not have a lock on it. Provider stated all other medications were in locked storage except the insulin.

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) 01/21/25 .

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

Antony Njonge — Provider (or Representative)

01/21/25 — Date