STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

MARIA BARTOLOME
LORDS JOY ADULT FAMILY HOME
3242 S 296TH PL
AUBURN, WA 98001

RE: LORDS JOY ADULT FAMILY HOME License # 449201

Dear Provider:

This letter addresses Compliance Determination(s) 84132 (Completion Date 09/22/2026) and 80417 (Completion Date 07/15/2026).

The Department completed a follow-up inspection of your Adult Family Home on 09/22/2026 and found that you have corrected the violations listed in the Full report dated 07/15/2026. Your home is back in compliance as of 08/29/2026 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 388-76-10255-1, WAC 388-76-10255-2, WAC 388-76-10455-1, WAC 388-76-10455-2, WAC 388-76-10650-2-a, WAC 388-76-10650-2-c, WAC 388-76-10750-1

The Department staff who did the on-site verification:
Linda Dunn, Nursing Consultant Institutional

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 07/10/2026 of:
LORDS JOY ADULT FAMILY HOME
3242 S 296TH PL
AUBURN, WA 98001

The following sample was selected for review during the unannounced on-site visit: 1 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Linda Dunn, Nursing Consultant Institutional

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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Statement of Deficiencies	License #: 469201	Compliance Determination #:80417
Plan of Correction	LORDS JOY ADULT FAMILY HOME	Completion Date
Page 2 of 9	Licensee: MARIA BARTOLOME	07/15/2026

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 — 7-22-2026 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.

MARIA LOURDES F. BARTOLOME
Provider (or Representative) — 07/24/2026 Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

(2) Emphasizes frequent hand washing and other means of limiting the spread of infection;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement nationally recognized infection control standards when assisting 1 of 1 resident (Resident 6) with personal hygiene care. Additionally, the AFH also failed to perform recommended hand hygiene when preparing a meal for 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6). These failures placed the residents at risk of potential infection from communicable diseases.

Findings included...

The Centers for Disease Control and Prevention (CDC) is the recognized federal agency that sets the standards for infection control practices in the United States. Record review on 07/14/2026 of the CDC website (https://www.cdc.gov/infection-control/hcp/core-practices/index.html), showed under the heading, "Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings", the use of Standard Precautions was recommended for all patient care settings. Under the heading, "5a. Hand Hygiene", the CDC recommended hand washing: 1) Before moving from work on a soiled body site to a clean body site on the same patient, and 2) Immediately after glove removal.

«Resident 5»
Observation on 07/10/2026 at 9:48 AM, showed Resident 5 lived in and received care at the AFH.

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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 | Date

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Provider (or Representative) | Date

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This requirement was not met as evidenced by:

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Findings included…

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<Resident 5>
Observation on 07/10/2026 at 9:48 AM, showed Resident 5 lived in and received care at the AFH.

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Record review of Resident 5's Negotiated Care Plan (NCP) dated 06/01/2026, showed Resident 5 was admitted to the AFH on [redacted]/2025 and was diagnosed with several [redacted] and [redacted] disorders, which included [redacted]. Further review of the NCP showed Resident 5 used adult incontinence products due to bowel incontinence (an inability to control a bowel movement secondary to medical or mobility issues). The NCP further showed Resident 5 did not know how to clean themselves after episodes of incontinence due to severe Dementia and they were dependent on caregivers for hygiene assistance. The NCP instructed caregivers to assist Resident 5 with personal hygiene and to monitor the resident for incontinence episodes. Under the heading, "Universal Precautions", the NCP showed caregivers were to put on gloves and discard the gloves after each task when touching Resident 5's secretions and to thoroughly wash hands before and after putting gloves on.

Observation on 07/10/2026 at 10:33 AM, showed Staff B, Caregiver, and Staff C, Caregiver, at the bedside of Resident 5 while they provided Resident 5 personal hygiene for incontinence. Staff B washed their hands and put on a pair of latex gloves then proceeded to remove the adult incontinence brief from Resident 5's body. Further observation showed Staff B wiped Resident 5's buttock area with a clean, moist towel, discarded the dirty towel, then reached for a tube of cream with the same gloved hands. Staff B then put a small amount of cream from the tube onto their gloved hand and applied the cream to the buttocks area of Resident 5.

<Meal Preparation>
Observation on 07/10/2026 at 11:28 AM, showed Staff C in the kitchen area preparing a meal for Residents 1, 2, 3, 4, 5, and 6. Observation showed Staff C washed their hands at the kitchen sink using soap and water, then put on a pair of clear plastic gloves. Further observation showed Staff C plated pieces of pizza and fruit with gloved hands onto plates to serve to the residents. Staff C then removed the plastic gloves, did not wash their hands, put on a clean set of gloves, and continued to plate pizza slices and fruit for residents.

In an interview on 07/10/2026 at 11:30 AM, Staff A, Provider/Resident Manager, stated that they provided infection control training for caregivers and monitored caregivers' infection control practices. Staff A stated that they utilized online resources and other agency information about infection control practices to train caregivers in proper infection control techniques.

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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, LORDS JOY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 07/24/2026.

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

Provider (or Representative) — Date: 07/24/2026

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(1) Performed by a practitioner as defined in chapter 69.41 RCW; or

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to follow nurse delegation (a state program that allows a Registered Nurse to delegate certain tasks to qualified nursing assistants who work in specific settings that would otherwise be performed only by a licensed nurse) requirements when staff administered medications to 1 of 1 resident (Resident 5). This failure placed Resident 5 at risk of harm from medication errors.

Findings included...

Per WAC 246-840-930 for nurse delegation:
(1) In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.
ASSESS, PLAN.

Under the heading PLAN:
(12) Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's record that includes:
(e) A clear description of the procedure or steps to follow to perform the task;

During a visit on 07/10/2026 at 9:48 AM, observation showed Resident 5 lived in and received care from the AFH.

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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, LORDS JOY 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.

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Provider (or Representative) Date

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Findings included…

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Under the heading PLAN:
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(e) A clear description of the procedure or steps to follow to perform the task;

During a visit on 07/10/2026 at 9:48 AM, observation showed Resident 5 lived in and received care from the AFH.

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Record review of Resident 5's Negotiated Care Plan (NCP) dated 06/01/2026, showed Resident 5 was admitted to the AFH on [redacted]/2025. The NCP further showed Resident 5 received nurse delegation for all medications and caregivers were to consult the Nurse Delegation Job Aid on how to administer oral medications. The NCP showed instructions for caregivers to crush Resident 5's oral medications and mix the medications with pudding or yogurt. The instructions showed caregivers were to immediately spoon the mixture into Resident 5's mouth and observe that the resident swallowed to insure they ingested all the medication.

Record review of Resident 5's Nurse Delegation: Instructions for Nursing Task dated [redacted]/2025 and signed by Collateral Contact 1 (CC1), showed instruction for administering powdered medications. The instructions showed caregivers were to crush tablets using a pill crusher then mix the powder with apple sauce or pudding to feed the resident.

Record review of Resident 5's Medication Administration Record (MAR) dated July 2026, showed Resident 5 was prescribed Haloperidol 0.5 milligram tablet (used to treat agitation) to be given by mouth three times daily at 8:00 AM, 12:00 PM, and 8:00 PM.

Observation on 07/10/2026 at 12:00 PM, showed Staff B, Caregiver, prepared to administer medications for Resident 5. Observation showed Staff B retrieved the 12:00 PM Haloperidol pill and placed the small pill in a device used to crush medications into a powder. Staff B then removed the crushed medication and poured the powder into a bowl that contained approximately 1 cup of pureed soup.

In an interview on 07/10/2026 at 12:03 PM, Staff B stated that they added the crushed medication to the bowl of soup and would also feed this to Resident 5 for their lunch. Department Staff (DS) asked Staff B how they would know if Resident 5 received all the prescribed medication if the resident did not eat all the soup in the bowl. Staff B stated that they knew the resident well and stated, "(Resident 5) usually does eat everything."

In a telephone interview on 07/14/2026 at 3:50 PM, CC1 stated they provided the nurse delegation and nursing task instruction for the caregivers at the AFH. CC1 stated they were unaware the AFH caregivers were placing crushed medications into Resident 5's meal. CC1 stated they had instructed caregivers to crush oral medications then place the medication in a small cup and add a few bites of ice cream or apple sauce to the cup. CC1 stated that caregivers were instructed to administer oral medications by feeding the ice cream or apple sauce to Resident 5. CC1 stated that this process ensured the resident would ingest all the medication.

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

Provider (or Representative) — Date: 07/24/2026

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure a safety assessment was completed before using [redacted] for 1 of 1 resident (Resident 6). The AFH also failed to include caregiver instructions for use of [redacted] in the Negotiated Care Plan (NCP) for Resident 6. These failures placed Resident 6 at risk of injury from improper use of a medical device.

Findings included...

A review of the U.S. Food & Drug Administration's website (www.fda.gov/medical-devices/hospital-beds/guide-bed-safety-bed-rails-hospitals-nursing-homes-and-home-health-care-facts) on 07/14/2026 showed the agency was responsible for the regulation of [redacted]. The website further showed before using [redacted] an assessment to determine safe use was recommended for people with memory problems. The website listed possible risks of [redacted] use that included bodily injury such as entrapment, suffocation, or strangulation.

During a visit on 07/10/2026 at 9:48 AM, observation showed Resident 6 lived in and received care at the AFH. Further observation showed Resident 6 was in a [redacted] in their room which showed four [redacted] attached to the bed frame. Observation showed two of the [redacted] at the head of the bed were in an upright and locked

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

Provider (or Representative) _____ Date _____

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(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure a safety assessment was completed before using [redacted] for 1 of 1 resident (Resident 5). The AFH also failed to include caregiver instructions for use of [redacted] in the Negotiated Care Plan (NCP) for Resident 5. These failures placed Resident 5 at risk of injury from improper use of a medical device.

Findings included…

A review of the U.S. Food & Drug Administration's website (www.fda.gov/medical-devices/hospital-beds/guide-bed-safety-bed-rails-hospitals-nursing-homes-and-home-health-care-facts) on 07/14/2026 showed the agency was responsible for the regulation of [redacted]. The website further showed before using [redacted], an assessment to determine safe use was recommended for people with memory problems. The website listed possible risks of [redacted] use that included bodily injury such as entrapment, suffocation, or strangulation.

During a visit on 07/10/2026 at 9:48 AM, observation showed Resident 5 lived in and received care at the AFH. Further observation showed Resident 5 was in a [redacted] in their room which showed four [redacted] attached to the bed frame. Observation showed two of the [redacted] at the head of the bed were in an upright and locked

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position.

Record review of Resident 5's Home and Community Services Case Management Assessment dated 06/01/2026, showed Resident 5 was diagnosed with [redacted] and was dependent on caregivers for all self-care. The assessment further showed Resident 5 had [redacted] but did not use them.

Record review of Resident 5's NCP dated 06/01/2026, showed Resident 5 was admitted to the AFH on [redacted] 2025. The NCP showed the resident was unable to change position in bed due to generalized body weakness and had no awareness of the need or how to safely change position on their own. The NCP further showed Resident 5 required one caregiver to turn or reposition the resident. Under the heading, "Bed Mobility," the NCP showed under equipment and supplies, the resident had a [redacted] The NCP showed no reference or caregiver instruction for the use of the [redacted] attached to the bed.

In an interview on 07/10/2026 at 2:20 PM, Staff A, Provider/Resident Manager, stated that they were aware Resident 5 had [redacted] attached to their [redacted] but stated that the resident did not use the [redacted] Department Staff (DS) shared observation with Staff A that the [redacted] were up and in locked position. Staff A then stated that the [redacted] were used for safety.

Staff A stated that the [redacted] came with the [redacted] and could not be detached. Staff A stated that they were unaware if a safety assessment had been completed prior to staff using the [redacted] for Resident 5.

On 07/10/2026, review of Resident 5's medical record maintained in the AFH showed no safety assessment for the use of [redacted].

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, LORDS JOY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 08/29/2026.

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

Provider (or Representative) — Date 07/24/2026

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position.

Record review of Resident 5's Home and Community Services Case Management Assessment dated 06/01/2026, showed Resident 5 was diagnosed with [redacted] and was dependent on caregivers for all self-care. The assessment further showed Resident 5 had [redacted] but did not use them.

Record review of Resident 5's NCP dated 06/01/2026, showed Resident 5 was admitted to the AFH on [redacted]/2025. The NCP showed the resident was unable to change position in bed due to generalized body weakness and had no awareness of the need or how to safely change position on their own. The NCP further showed Resident 5 required one caregiver to turn or reposition the resident. Under the heading, "Bed Mobility," the NCP showed under equipment and supplies, the resident had a [redacted]. The NCP showed no reference or caregiver instruction for the use of the [redacted] attached to the bed.

In an interview on 07/10/2026 at 2:20 PM, Staff A, Provider/Resident Manager, stated that they were aware Resident 5 had [redacted] attached to their [redacted] but stated that the resident did not use the [redacted]. Department Staff (DS) shared observation with Staff A that the [redacted] were up and in locked position. Staff A then stated that the [redacted] were used for safety.

Staff A stated that the [redacted] came with the [redacted] and could not be detached. Staff A stated that they were unaware if a safety assessment had been completed prior to staff using the [redacted] for Resident 5.

On 07/10/2026, review of Resident 5's medical record maintained in the AFH showed no safety assessment for the use of [redacted].

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_____ _____
Provider (or Representative) Date

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to keep the home's external environment in good repair and free of hazards for 1 of 1 wheelchair accessible ramp used by residents to enter and exit the AFH. This failure placed all residents (Residents 1, 2, 3, 4, 5, and 6) at risk of injury from unsafe conditions.

Findings included…

Observation on 07/10/2026 at 9:48 AM, showed Residents 1, 2, 3, 4, 5, and 6 lived in and received care at the AFH. Observation showed the AFH had two levels with five residents' bedrooms in the upstairs level and one resident bedroom in the downstairs level. Further observation showed the AFH posted an emergency evacuation floor plan in the upstairs level that showed they utilized a wheelchair accessible ramp to exit the AFH from a deck on the top floor of the AFH.

In an interview on 07/10/2026 at 11:30 AM, Staff A, Provider/Resident Manager, stated that Residents 2, 4, 5, and 6 utilized a wheelchair for mobility which required the residents to use the wheelchair accessible ramp to enter and exit the AFH. In further interview on 07/10/2026 at 12:35 PM, Staff A stated that all residents used the upstairs wheelchair accessible ramp when they left the AFH to attend appointments in the community.

Observation on 07/10/2026 at 12:36 PM, showed the wheelchair accessible ramp began at the back the edge of the deck and led to a gate and cement sidewalk approximately 30 feet away from the deck. Observation showed the ramp was constructed of wood with continuous wooden railing on the left and right sides of the ramp. The railing had 2x4x8 wooden attachments approximately 3 feet above the ramp on the interior side of a taller railing. Further observation showed a 2x4x8 on the left side of the railing near the gate had detached parts of the wood and showed signs of rot. Observation showed pieces of the continuous board detached and crumbled when touched by Department Staff (DS).

In an interview on 07/10/2026 at 12:40 PM, Staff A stated, "I see," when DS showed Staff A the deteriorated area of the railing.

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Statement of Deficiencies	License #: 449201	Compliance Determination #:80417
Plan of Correction	LORDS JOY ADULT FAMILY HOME	Completion Date
Page 9 of 9	Licensee: MARIA BARTOLOME	07/15/2026

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

Provider (or Representative) — Date: 07/24/2026

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

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