STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

GUADALUPE QUEZADA
LA COUNTRY CARE
2073 W BENCH RD
OTHELLO, WA 99344

RE: LA COUNTRY CARE License # 103302

Dear Provider:

This letter addresses Compliance Determination(s) 27512 (Completion Date 08/01/2023) and 24910 (Completion Date 06/13/2023).

The Department completed a follow-up inspection of your Adult Family Home on 08/01/2023 and found that you have corrected the violations listed in the Complaint, Full report dated 06/13/2023. Your home is back in compliance as of 07/28/2023 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 388-76-10015-1, WAC 388-76-10176-2, WAC 388-76-10360, WAC 388-76-10895-2, WAC 388-76-10895-2-a, WAC 388-76-10895-2-b, WAC 388-76-10895-2-c

The Department staff who did the on-site verification:
Scott Sorensen, AFH Licensor

If you have any questions, please contact me at (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: LA COUNTRY CARE
Provider Type: Adult Family Home
License/Cert.#: 103302
Compliance Determination #: 24910
Intake ID: 84439
Investigator: Scott Sorensen
Region/Unit #: RCS Region 1 / Unit E
Investigation Date(s): 06/05/2023 through 06/13/2023
Complainant Contact Date(s): 06/05/2023, 06/08/2023, 06/12/2023

Allegation(s):
1. A named resident was neglected and abandoned.

Investigation Methods:

Sample:
Total residents: 5
Resident sample size: 5
Closed records sample size: 0

Observations:
Residents
Activities
Dining
Resident rooms
Staff to resident interactions
Resident to resident interactions
Medication administration
Kitchen
Food preparation

Interviews:
Residents
Staff
Family members

Record Reviews:
Medical records
Personnel files
Facility policies
Staff training records

Investigation Summary:
1. Residents were observed in the home to receive care and services from the staff. Residents were observed to be clean, comfortable, and appropriately groomed. Staff were observed to interact appropriately with residents and were aware of actions to take if abuse/neglect was identified. The named resident expressed no concerns related to treatment from staff or care/services. Other residents reported no concerns related to treatment from staff or care/services. This investigation was completed in conjunction with an inspection. Citations were written related to staff qualifications, evacuation drills, and resident records. These citations may be found on the Statement

of Deficiencies dated 06/13/2023.

Conclusion / Action:

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

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GUADALUPE QUEZADA
LA COUNTRY CARE
2073 W BENCH RD
OTHELLO, WA 99344

RE: LA COUNTRY CARE # 103302

Dear Provider:

This document references the following complaint numbers 84439.

The Department completed a full inspection of your Adult Family Home on 06/13/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Tamara Tredo, Field Manager
Residential Care Services

Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(6) Be signed and dated by the resident and kept in the resident record after signature.

The home did not have a signed and dated Medicaid policy for one resident. The Provider stated that they forgot to have the resident sign and date on the document. There were no residents or representatives that expressed concerns related to the document.

WAC 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

The home did not review, sign, and date an acknowledgement of the admission information including the home's expectations, services, and charges upon admission for one resident. There were no residents or representatives that expressed concerns related to the document.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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 (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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 and complaint investigation on 06/05/2023 and 06/06/2023 of:
LA COUNTRY CARE
2073 W BENCH RD
OTHELLO, WA 99344

This document references the following complaint numbers: 84439.

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

The department staff that inspected the Adult Family Home:

Scott Sorensen, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Tamara Tredo
Residential Care Services

06/20/2023
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.

Guadalupe Quezada
Provider (or Representative)

6/24/23
Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

WAC 296-842-15005
Conduct fit testing.

(1) Provide, at no cost to the employee, fit tests for All tight-fitting respirators on the following schedule:

(a) Before employees are assigned duties that may require the use of respirators;

Based on interview and record review, the Adult Family Home (AFH) failed to ensure fit testing for a N95 mask was completed for 5 of 5 staff (Staff A, B, C, D & E). This failure placed residents at risk for exposure to communicable diseases.

Findings included...

Review of Dear Provider Letter dated 04/30/2021 Employers Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment showed the AFH is required to fit test health care workers with a N95 mask for protection against communicable diseases.

Record review showed there was no documentation for Staff A, Provider, Staff B, Caregiver, Staff C, Caregiver, Staff D, Caregiver, and Staff E, Caregiver, who worked in the AFH that they had been fit tested for N95 masks.

During an interview on 06/05/2023 at 1:05 PM, Staff A, stated that the staff were not fit tested at this time.

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, LA COUNTRY CARE is or will be in compliance with this law and / or regulation on (Date) 7/28/23.

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

Guadalupe Quezada — Provider (or Representative)

6/26/23 — Date

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure national fingerprint background results were received within 120 days of hire for 2 of 3 sample caregivers (Staff C & E). This placed residents at risk for receiving care from persons not qualified to have access to vulnerable adults.

Findings included...

Review of Staff C, Caregiver, employee file showed they were hired on 11/23/2022. There was no documentation that a final fingerprint background check was completed. At the time of the inspection Staff C had been employed by the AFH for 195 days.

Review of Staff E, Caregiver, employee file showed they were hired on 09/15/2021. There was no documentation that a final fingerprint background check was completed. At the time of the inspection Staff E had been employed by the AFH for 629 days.

During an interview on 06/06/2023 at 12:30 PM, Staff B, Caregiver, stated that she did not know if Staff C and Staff E had completed the fingerprint background checks.

During an interview on 06/13/2023 at 4:25 PM, Staff A, Provider, stated that she was not able to produce Staff C and Staff E's completed fingerprint background checks.

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, LA COUNTRY CARE is or will be in compliance with this law and / or regulation on (Date) 7/28/23.

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

Guadalupe Quezada — Provider (or Representative)

6/26/23 — Date

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure a Negotiated Care Plan (NCP) was completed within 30 days of admit date for 1 of 2 residents reviewed for care plans (Resident 5). This deficient practice placed the residents at risk for unmet care needs.

Findings included...

Observation on 06/05/2023 at 12:45 PM, showed Resident 5 received care and services from Staff C, Caregiver.

Review of Resident 4's records on 06/05/2023 showed the date of admission was [redacted]2023 and the home did not have a completed NCP.

During an interview on 06/05/2023 at 11:50 AM, Staff A, Provider, stated that the NCP was not completed.

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, LA COUNTRY CARE is or will be in compliance with this law and / or regulation on (Date) 7/28/23.

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

Guadalupe Quezada
Provider (or Representative)

6/26/23
Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

(c) Emergency evacuation drills even if there are no residents living in the home for the purpose of staff practice.

This requirement was not met as evidenced by:

Based on interviews and record review, the Adult Family Home (AFH) failed to ensure emergency evacuation drills occurred every sixty days. This failure placed residents at risk in case of an emergency.

Findings included...

During an interview on 06/05/2023 at 11:05 AM, Staff A, Provider, stated that all current residents in the AFH required assistance with evacuation.

Review of evacuation drill documentation on 06/05/2023 showed the last evacuation drill was completed on 02/16/2023.

During an interview on 06/05/2023 at 11:50 AM, Staff A stated that they forgot to conduct the evacuation drills every sixty days as required.

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, LA COUNTRY CARE is or will be in compliance with this law and / or regulation on (Date) 7/28/23 .

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

Guadalupe Quezada
Provider (or Representative)

6/26/23
Date

Guadalupe Quezada
Adult Family Home Owner/Provider
LA COUNTRY CARE
2073 W. Bench Rd
Othello, WA 99344

6/26/2023

Tamara Tredo, Field Manager
8517 E Trent Ave, STE 102
Spokane Valley, WA 99212

Subject: Plan for Correction of Deficiencies for Adult Family Home

Dear Tamara Tredo,

I am writing to submit the Plan for Correction of Deficiencies for LA COUNTRY CARE. We have carefully reviewed the inspection report and have developed a comprehensive plan to address the deficiencies identified during the recent inspection. Our objective is to rectify these issues promptly and ensure full compliance with all applicable regulations and standards.

Below is an overview of our Plan for Correction:

1. Accepting Medicaid payment
    a. Form will be signed and dated and placed in the residents file.
2. Notice of Rights and Services
    a. Form will be signed and dated and placed in the residents file.
3. Fit Test for Health Care Workers
    a. N95 Mask - staff will be registered for training the month of July 2023
4. Background Checks
    a. Make sure staff have updated backgrounds and finger print checks
5. Negotiated Care Plan
    a. Review resident files and ensure NCP is signed and filed.
6. Emergency Evacuation Drills
    a. Make sure to conduct Emergency Drills as required to ensure safety and well being for residents and caregivers.

We are dedicated to promptly addressing and correcting the deficiencies by July 28th, 2023. Our team is fully committed to ensuring the well-being and safety of our residents. We understand the importance of compliance with regulations and are taking immediate action to rectify the identified issues.

We kindly request your support and guidance throughout this process. We are open to any additional recommendations or requirements from your agency to ensure that our correction plan meets all expectations.