STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

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) 54107 (Completion Date 01/31/2025) and 52542 (Completion Date 01/06/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/31/2025 and found that you have corrected the violations listed in the Follow up report dated 01/06/2025. Your home is back in compliance as of 01/07/2025 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-c, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Jo Whitney, AFH Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons

Selena Clemons, Interim Community Field Manager
Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 103302	Compliance Determination # 52542
Plan of Correction	LA COUNTRY CARE	Completion Date
Page 1 of 4	Licensee: GUADALUPE QUEZADA	01/06/2025

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 01/03/2025 and 01/03/2025 of:
LA COUNTRY CARE
2073 W BENCH RD
OTHELLO, WA 99344

This document references the following SOD dated: 01/06/2025

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:

Jo Whitney, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Selena Clemons — Residential Care Services

01/17/2025 — 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.

Statement of Deficiencies	License #: 103302	Compliance Determination # 52542
Plan of Correction	LA COUNTRY CARE	Completion Date
Page 2 of 4	Licensee: GUADALUPE QUEZADA	01/06/2025

Guadalupe Quezada
Provider (or Representative)

1-24-2025
Date

WAC 388-76-10430 Medication system.

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

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed implement a system that ensured resident medication logs were updated with new orders, prescribers were contacted to clarify directions when needed, and medication was given as ordered for 2 of 5 residents (Resident 4 & 5). This failed practice placed the residents at risk for medication errors.

Findings included...

<Resident 4>

Annual assessment dated 10/10/2024 showed Resident 4 needed assistance with medications. On 01/03/2025, prescriber's orders, medication logs and the medication supply were reconciled.

Medication supply observed on 01/03/2025 at 12:00 PM included:
-Acetaminophen (mild pain reliever) 500 milligrams (mg) give one tablet every 8 hours for pain or fever. The supply with prescriber directions was delivered 12/26/2024. AFH staff had written "AM, PM" on the medication supply card.
-Amlodipine (to treat blood pressure) 10 mg give daily. The supply with prescriber directions was delivered 12/16/2024.
-Cinacalcet (to help manage hormones in patients with chronic kidney disease who are on dialysis) 60 mg give three times weekly on dialysis days (a treatment that removes waste products and excess fluids from the blood when the kidneys are no longer functioning properly). The supply with prescriber directions was delivered 12/06/2024.

January 2025 medication log showed:
-Acetaminophen 325 mg give 2 tablets daily at 9:00 AM and 7:00 PM
-Amlodipine 5 mg give 1 tablet daily.
-Cinacalcet 30 mg give three times a week on dialysis day.

Statement of Deficiencies	License #: 103302	Compliance Determination # 52542
Plan of Correction	LA COUNTRY CARE	Completion Date
Page 3 of 4	Licensee: GUADALUPE QUEZADA	01/06/2025

On 01/03/2025 at 12:10 PM, Staff B, Resident Manager, stated the prescriber at dialysis did not send the AFH the new orders/directions for acetaminophen, amlodipine and cinacalcet. The prescriber notified the pharmacy which sent the new supply. Staff B was not aware the log was not updated with the new prescriber directions for amlodipine and cinacalcet. Resident 4 received these medications as ordered per the supply in the home; the log was incorrect.

Record review found an order dated 05/03/2023, showing the AFH could give acetaminophen 325 mg give one tablet every 4-6 hours as needed for pain. The AFH did not have an order to give the resident acetaminophen at scheduled intervals; the order (325 mg or 500 mg) was only if needed.

On 01/03/2025 at 12:15 PM, Staff A, Provider, contacted Resident 4's prescriber to clarify medication dosages and how often the medications should be given.

<Resident 2>

Interim assessment dated 07/31/2024 showed Resident 2 needed assistance with medications. On 01/03/2025, prescriber's orders, medication logs and the supply were reconciled.

The record included a supply dated 11/12/2024 for hydrocodone-acetaminophen (for moderate to severe pain management) 7.5/325 mg, give four times a day as needed for pain. The December 2024 log listed the as needed medication per the prescriber's direction.

An updated order was received 12/23/2024 to give the hydrocodone-acetaminophen 7.5/325 mg three times a day at scheduled times. On 01/03/2025, the December 2024 log listing the as needed medication was marked, "Dr Change Order." The new order to give three times daily was not added onto the December 2024 log. The new order was not on the January 2025 log.

Interviewed 01/03/2025 at 11:30 AM, Staff B, Resident Manager, stated Resident 2 was given the hydrocodone-acetaminophen 7.5/325 mg at 9:00 AM, 12:30 PM and 7:00 PM daily. Staff A reported that Staff B and C, Caregiver, gave medications at the AFH, were aware of the order, and planned the times at which to give the medication to Resident 2. Staff B stated they updated the medication logs with new orders and were not available to update the log when the new order was received.

This is an uncorrected deficiency from 11/06/2024.

Statement of Deficiencies	License #: 103302	Compliance Determination #:52542
Plan of Correction	LA COUNTRY CARE	Completion Date
Page 4 of 4	Licensee: GUADALUPE QUEZADA	01/06/2025

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) Jan 7, 2025

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

Guadalupe Quezada — Provider (or Representative)

1-24-25 — Date

La Country Care- Adult Family Home
2073 W. Bench Rd
Othello WA 99344
509 488-9756

January 24, 2025

Residential Care Services

Subject: Plan of Correction for AFH Inspection Findings

I am writing in response to the inspection findings dated January 6,2025 for LA Country Care Adult Family Home located at 2073 W. Bench Rd in Othello. We have developed the following Plan of Correction to address each of the identified issues. Our goal is to ensure that all regulatory standards are met and that the health, safety, and well-being of our residents are maintained at the highest level.

Inspection Findings and Plan of Correction:

Finding: Medication system

- Corrective Action Taken: We will review and enhance our medication management system to ensure strict compliance with regulatory requirements and the safety of all residents.

We have reviewed the inspection findings and have taken immediate corrective action to address all areas of concern as of January 7, 2025.

Please feel free to contact me directly if you have any further questions or need additional information.

Thank you for your time and attention to this matter.

Sincerely,

Guadalupe Quezada
Care Provider
509 488-9756
lacountrycarelq@gmail.com

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 103302	Compliance Determination # 48586
Plan of Correction	LA COUNTRY CARE	Completion Date
Page 1 of 9	Licensee: GUADALUPE QUEZADA	11/06/2024

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 the unannounced on-site full inspection on 10/10/2024 and 10/10/2024 of:
LA COUNTRY CARE
2073 W BENCH RD
OTHELLO, WA 99344

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:

Jo Whitney, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Selena Clemons — Residential Care Services

11/14/2024 — 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.

Statement of Deficiencies	License #: 103302	Compliance Determination # 48586
Plan of Correction	LA COUNTRY CARE	Completion Date
Page 2 of 9	Licensee: GUADALUPE QUEZADA	11/06/2024

Guadalupe Quezada 11-19-24
Provider (or Representative) Date

WAC 388-76-10161 Background checks Who is required to have.

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 3 household members over the age of 11 years with unsupervised access to residents (Household Member 1) had a name and date of birth background check result. This failed practice placed the residents at risk from an unqualified person.

Findings included ..

On 10/10/2024 at 11:15 AM, Staff A, Provider, stated a relative (Household Member 1) lived in the AFH where they received assistance with care and services. When Household 1 moved into the AFH in 2022, no background check disclosure authorization was submitted.

At 11:30 AM, Household 1 was the occupant of designated resident room E. At 12:05 PM Household Member 1 and the five residents were at the dining table for the mid-day meal.

At 4:30 PM, Staff A stated they were unaware Household Member 1 needed a background check.

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) DEC 21, 2024

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

Statement of Deficiencies	License #: 103302	Compliance Determination # 48586
Plan of Correction	LA COUNTRY CARE	Completion Date
Page 3 of 9	Licensee: GUADALUPE QUEZADA	11/06/2024

Guadalupe Quezada 11-19-24
Provider (or Representative) Date

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.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure background check results were not over 2 years old for 2 of 6 staff (Staff C, D) and 2 of 2 household members (Household Members 2, 3). This failed practice placed the residents at risk from unqualified persons.

Findings included...

On 10/10/2024 at 11:15 AM, Staff B, Resident Manager, listed the names of staff working at the AFH and household members that lived onsite in an apartment attached to the AFH with direct access to residents.

At 2:10 PM, record review showed:
Staff C, Caregiver, hired 03/09/2015, had a background result dated 06/02/2022; it was over 2 years old.
Staff D, Caregiver, hired 09/15/2021 had a background result dated 09/15/2021; it was over 2 years old.
Household 2's background result dated 08/17/2021 was over 2 years old (08/17/2023).
Household 3's background result also dated 08/17/2021 was over 2 years old.

At 4:00 PM, Staff B stated they had forgotten to submit new authorizations to renew the results.

Attestation Statement

Statement of Deficiencies	License #: 103302	Compliance Determination # 48586
Plan of Correction	LA COUNTRY CARE	Completion Date
Page 4 of 9	Licensee: GUADALUPE QUEZADA	11/06/2024

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, LA COUNTRY CARE is or will be in compliance with this law and / or regulation on (Date) DEC 21, 2024

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

Guadalupe Quezada 11-19-24

Provider (or Representative) Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid, and

(e) Continuing education.

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

(a) Until March 1, 2016, a provisional home-care aide certification may be issued by the department of health to a long-term care worker who is limited English proficient.

This requirement was not met as evidenced by:

Based on observation interview and record review, the Adult Family Home (AFH) failed to ensure 4 of 5 staff (Staff A, B, C, D) completed Home Care Aid certification, completed annual continuing education hours, and/or maintained current first aid and cardiopulmonary resuscitation (CPR) certification. This failed practice placed the residents at risk from untrained staff.

Findings included..

On 10/10/24 at 11:15 AM, Staff C and D, Caregivers, worked together to prepare and serve a mid-day meal of chicken and vegetables and fresh cut fruit. The residents were brought to the table and served at 12:15 PM. Residents were observed, cued and assisted when needed.

The Provider letter dated 10/13/2023, "Basic training deadlines and Home Care Aide certification deadline changes for Long-Term Care Worker qualifications related to COVID-19," showed staff must be certified as a Home Care Aide based on their hire date.

Statement of Deficiencies	License #: 103302	Compliance Determination # 48586
Plan of Correction	LA COUNTRY CARE	Completion Date
Page 5 of 9	Licensee: GUADALUPE QUEZADA	11/06/2024

Employee file review on 10/10/2024 showed:
Staff D, Caregiver, hired 09/15/2021. They completed the core basic training on 11/07/2021. Per the 10/13/2023 Provider letter, Staff D was required to complete testing for Home Care Aide certification by 07/31/2024. As of 10/10/2024, Staff D had not completed the process. Additionally, Staff D's employee file showed their certification in first aid and CPR had expired 11/2023 and their continuing education in food safety (Food Worker Permit) had expired 09/23/2023.

Staff A, Provider, had a food worker permit expired on 04/07/2024.

Staff B, Resident Manager, did not have 12 hours of continuing education between August 2023 and August 2024.

Staff C, Caregiver, hired in 03/09/2015, did not have 12 hours of continuing education between December 2022 and December 2023. Records showed 7 hours of training.

On 10/10/2024 at 4:30 PM, Staff A, stated they did not have a system to ensure training and qualifications were completed when required. Staff D was unqualified and would need to separate from employment.

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)_ DEC 21, 2024

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

Guadalupe Quezada 11-19-24
Provider (or Representative) Date

WAC 388-76-10430 Medication system.

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

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a system that ensured resident medication logs were updated with new orders, prescribers were contacted to verify new directions when needed and medication was given as ordered for 2 of 2 residents (Resident 1, 5). This failed practice placed the residents at risk for medication error.

Findings included...

Resident 5
The initial assessment dated 08/22/2024 showed diagnoses including [redacted]; they needed assistance with medications. Medication orders, the medication supply and medication logs created by the AFH were reconciled.

The 08/21/2024 orders showed:
Acetaminophen (mild pain reliever) 500 milligrams (mg) give 2 tablets twice a day as needed for pain.
Senna (to treat constipation) 8.6 mg give nightly as needed for constipation.

The 09/05/2024 orders showed:
Acetaminophen 500 mg take 2 tablets twice a day as needed.
Senna 8.6 mg take 1 tablet daily.

The September 2024 log showed:
Acetaminophen 500 mg give 1 tablet every 4 hours as needed for pain (not twice a day).
Senna 8.6 mg give 1 tablet daily as needed for constipation (not changed to give daily).

The October 2024 log showed:
Acetaminophen 325 mg 1 tablets every 4 hours if needed for pain (dosage and how often to give did not match orders received).
Senna 8.6 mg give 1 tablet daily as needed for constipation.

The pharmacy supplied Senna 8.6 mg, labeled to give 1 tablet daily; the supply of Senna was unused. The AFH had a supply of acetaminophen 500 mg for Resident 5.

On 10/10/2024 at 5:00 PM, Staff B, Resident Manager stated they were aware of the change in the Senna order. The Senna was not given daily because Resident 5 had diarrhea recently and staff did not think the daily Senna was good for the Resident. Staff B stated they had received another order the daily Senna order on 10/07/2024. They had planned to contact the prescriber to clarify the order but had not called yet, 35 days after the order was changed.

Staff B was unaware the dosage and how often to give the acetaminophen printed on

the medication log did not match the prescriber's order. Resident 5's chronic pain was controlled with a scheduled dosage of Hydrocodone (for severe pain) given 3 times daily; the as needed acetaminophen was not requested.

Resident 1
The annual assessment dated 05/13/2024 showed diagnoses including [redacted] and needing assistance with medications. On 10/10/2024, Resident 1's medication log, the medication supply and prescriber orders were reconciled.

The October 2024 log listed Miralax (a non-stimulant osmotic laxative, drawing more water into the bowels) give 17 mg with a glass of water daily when needed. The laxative was ordered 04/12/2023. The AFH did not have a supply for Resident 1.

On 10/10/2024 at 4:30 PM, Staff B, Resident Manager, stated the supply had expired; it was not refilled because Resident 1 had not needed/used it. Staff B stated they had not contacted the prescriber to clarify if the medication order could be changed.

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) Dec 21, 2024

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

Guadalupe Quezada 11-19-24
Provider (or Representative) Date

WAC 388-76-10805 Automatic smoke alarms.

(2) At a minimum, smoke alarms must be located in the following areas:

(a) Every resident bedroom;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure a smoke detector was located and functioning in 1 of 5 designated resident bedrooms (Room E). This failed practice placed the residents at risk from an undetected fire.

Findings included ..

Statement of Deficiencies	License #: 103302	Compliance Determination # 48586
Plan of Correction	LA COUNTRY CARE	Completion Date
Page 8 of 9	Licensee: GUADALUPE QUEZADA	11/06/2024

The AFH was licensed in 2006 for a capacity of 6 licensed beds in 5 designated bedrooms, Rooms A, B, C, D and E.

On 10/10/2024 at 11:30 AM, Room E did not have a smoke detector installed in the room. At 11:30 AM, Staff B, Resident Manager, stated the occupant of Room E, Household Member 1, had knocked the detector off the ceiling so they mounted it on a wall outside of the room. The smoke alarm did function when tested.

On 10/10/2024 at 1:00 PM, Staff A, Provider, stated they had purchased an extra supply of smoke detectors; they would replace the one in the room.

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) DEC 21, 2024

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

Guadalupe Quezada 11-19-24

Provider (or Representative) Date

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

(1) There are two types of emergency evacuation drills:

(a) A full evacuation is evacuation from the home to the designated safe location; and

(2) The adult family home must conduct:

(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

This requirement was not met as evidenced by:

Based on interviews and record review, the Adult Family Home (AFH) failed to ensure residents and staff practiced an emergency drill evacuating everyone to the safe meeting location at least annually. This failure placed residents at risk in case of an emergency.

Findings included...

During an interview on 10/10/2024 at 11:30 AM, Staff A, Provider, stated that all current residents in the AFH required assistance with evacuation using wheelchairs, walkers or

direct supervision.

Review of evacuation drill documentation on 10/10/2024 showed drills had occurred at least every 60 days since February 2023. The drill logs did not show the AFH had practiced a full evacuation of all the residents to the designated safe meeting location in the last 20 months.

During an interview on 10/10/2024 at 4:00 PM, Staff B stated the designated safe meeting location was at the flagpole. Staff B stated they had practiced evacuating residents to the front door or onto the front porch, but not moving away from the AFH.

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)_ DEC 31, 2024

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

Guadalupe Quezada 11-19-24

Provider (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

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

RE: LA COUNTRY CARE # 103302

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/06/2024 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:

Selena Clemons, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street

Union Gap, WA 98903

• 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 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

On 10/10/2024, Staff D hired 09/15/2021 did not have record of tuberculosis screening by skin test or blood test. Staff D was terminated and rehired; tuberculosis testing was completed as required. There was no negative outcome to the residents.

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

On 10/10/2024, Resident 1's negotiated care plan showed the resident had not reviewed and signed the care pan since 06/05/2023, more than 12 months ago. Resident 1 stated they received assistance with care and services when needed and had no concerns. There was no negative outcome to the resident.

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)598-0182.

Sincerely,

Selena Clemons

Selena Clemons, Field Manager
Region 1, Unit C
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:
Selena Clemons, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street
Union Gap, WA 98903

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