STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

CRISTINA LETA
SWEET HOME AFH
4105 NE 134TH AVE
VANCOUVER, WA 98682

RE: SWEET HOME AFH License # 172304

Dear Provider:

This letter addresses Compliance Determination(s) 32980 (Completion Date 11/27/2023) and 30595 (Completion Date 10/05/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/27/2023 and found that you have corrected the violations listed in the Full report dated 10/05/2023. Your home is back in compliance as of 11/19/2023 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 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10176-1, WAC 388-76-10135-4, WAC 388-112A-0400-4-a

The Department staff who did the on-site verification:
Shawn Swanstrom, Licensor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster, Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 10/02/2023 and 10/02/2023 of:
SWEET HOME AFH
4105 NE 134TH AVE
VANCOUVER, WA 98682

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Shawn Swanstrom, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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 _____

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) _____ 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 interview and record review the Adult Family Home (AFH) failed to ensure a name and date of birth criminal background inquiry was conducted every two years for the Provider and Caregiver A. This deficient practice placed six of six current residents (Resident 1 [R1], [R2], [R3], [R4], [R5], and [R6]) at risk for interaction with a staff member with a disqualifying crime.

Findings included…

An unannounced onsite inspection was initiated at the AFH on 10/02/022023. An interview with the Provider at 1:22 PM showed the Providers and Caregiver A's name and date criminal background inquiry had expired on 09/2023. The Provider did not have a system in place to alert the AFH when a background inquiry needed to be resubmitted.

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, SWEET HOME AFH 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.

Provider (or Representative) 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:

(1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure one of four sampled caregivers (the Resident Manager [RM]) obtained a national fingerprint background check within 120 days of hire. This deficient practice placed six of six residents [Resident 1 (R1), (R2), (R3), (R4), (R5), & (R6)]) at risk of care being provided by a disqualified caregiver.

Findings included…

Employee record review showed the RM was hired on 01/01/2018. The RM had a copy of their name and date of birth background inquiry in their file. Results were negative – no findings. The RM did not have a copy of their Nation fingerprint in their file.

The Provider stated on 10/02/2022 at 1:02 PM they thought they had a national fingerprint available.

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, SWEET HOME AFH 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.

Provider (or Representative) Date

WAC 388-112A-0400 What is specialty training and who is required to take it?

(4) All long-term care workers including those exempt from basic training who work in an assisted living facility, enhanced services facility, or adult family home who serve residents with the special needs described in subsection (3) of this section, must take a class approved as specialty training. The specialty training applies to the type of residents served by the home as follows:

(a) Developmental disabilities specialty training as described in WAC 388-112A-0420 .

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure three of three caregivers (Resident Manage (RM), Caregiver A [CGA], and [CGB]) completed mandatory specialty training within 120 days of hire. By not having the required specialty training one of three residents (Resident 2 [R2], was at risk of not having care needs identified and met.

Findings included…

An unannounced inspection was initiated on 10/022023 at 09:44 AM. Employee record review with the provider at 1:42 PM showed: 1) The RM was hired on 01/01/2018. 2) CGA was hired on 06/01/2022, and 3) CGB was hired on 12/11/2022.

Resident record reviewed showed R2 was admitted to the AFH on [redacted] 2009 with a diagnosis of [redacted]. Residents with the diagnosis of [redacted] are followed by the Department of Disabilities. Staff working with a resident with CP are required to have Developmental Disability specialty training (DDS) The RM, CGA, and CGB did not have their DDS training.

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, SWEET HOME AFH 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.

Provider (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

10/09/2023

CRISTINA LETA
SWEET HOME AFH
4105 NE 134TH AVE
VANCOUVER, WA 98682

RE: SWEET HOME AFH # 172304

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/05/2023 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:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200

Vancouver, WA 98684

• 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 388-76-10015 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

The Adult Family Home (AFH) had not developed a Respiratory Protection Program (RPP). The Provider stated on 10/02/2023 at 10:17 AM that the Provider, the Resident Manager, Caregiver A, and Caregiver B had not been test fitted for a KN95 or N95 mask. The Provider also stated that they did not have access to COVID-19 testing kits in the AFH.

The Dear Provider Letter dated 04/30/2021 stated, “Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment” showed the AFH is required to develop and maintain a Respiratory Protection Program under WAC 296-842-12005. The letter also required the AFH to fit test health care workers with a N95 or KN95 respirator for protection against communicable diseases.

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

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

The Adult Family Home (AFH) failed to review admission information for one of two sampled residents (R2) every twenty –four months as required. The AFH had last reviewed R2's admission agreement 03/09/2018.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

The Adult Family Home (AFH) did not obtain a resident or resident's representatives signature on the Department's Disclosure of Charges form for Resident 2.

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.

The Adult Family Home (AFH) did not update a Negotiated Care Plan (NCP) for one sampled resident - Resident 2 annually. R2's NCP was last reviewed on 07/23/2021.

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

(2) Include in each medication log the:

(b) Name of all prescribed and over-the-counter medications;

The Adult Family Home (AFH) failed to have a system in place to ensure all medications applied and received by Resident 2 (R2) were listed on the Medication Administration record (MAR). R2 was receiving fish oil daily and a zinc ointment to their face as needed. The medications were not listed on October 2023's MAR.

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 (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
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:
Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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 IDR**s 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