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

RACHEL BURT
RARE CARE ADULT FAMILY HOME
4125 S ADAMS RD
VERADALE, WA 99037

RE: RARE CARE ADULT FAMILY HOME License # 173502

Dear Provider:

This letter addresses Compliance Determination(s) 32925 (Completion Date 12/04/2023) and 28737 (Completion Date 09/26/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/04/2023 and found that you have corrected the violations listed in the Full report dated 09/26/2023. Your home is back in compliance as of 11/10/2023 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 388-76-10380-4, WAC 388-76-10530-2, WAC 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b, WAC 388-76-10165-1-a, WAC 388-76-10015-1, WAC 388-76-10522-6, WAC 388-76-10265-1-e, WAC 388-76-10198-2-a

The Department staff who did the on-site verification:
Jacqueline Block, 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

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

Statement of Deficiencies	License #: 173502	Compliance Determination # 28737
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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 08/30/2023 and 08/30/2023 of:
RARE CARE ADULT FAMILY HOME
4125 S ADAMS RD
VERADALE, WA 99037

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:

Jacqueline Block, 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

10/09/2023
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.

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Rachel Y Burt
Provider (or Representative)

10-17-23
Date

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to update negotiated care plans (NCP) every twelve months for 3 of 5 residents (Residents 1, 2 & 5). This placed the residents at risk for unmet care needs.

Findings included...

Review of Resident 1's NCP showed the last review was completed on 08/10/2021.

All ready Completed

Review of Resident 2's NCP showed the last review was completed on 08/11/2021.

All ready Completed

Review of Resident 5's NCP showed the last review was completed on 03/23/2022.

All ready completed

During an interview on 08/30/2023 at 12:30 PM, Staff A, Provider, stated that they were aware negotiated care plans had not been reviewed and revised annually with the resident's representatives. Staff A stated she had a staff member that used to help with paperwork, and they are no longer available to update the care plans.

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, RARE CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11-30-23 .

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

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Rachel Y Burt — Provider (or Representative)

10-17-23 — Date

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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to retain a signed and dated copy of both the notice of rights and services and the acknowledgement for 2 of 5 residents (Resident 3 & 5). This placed the resident at risk for confusion related to their rights and services provided by the home.

Findings included...

Intermittent observation on 08/30/2023 between 9:33 AM and 2:53 PM showed Residents 3 and Resident 5 received care and services from the adult family home staff.

Completed

Review of Residents 3 and Resident 5's records showed neither resident had a signed and dated copy of the notice of rights and services and the acknowledgement in their record.

completed

During an interview on 08/30/2023 at 12:20 PM, Staff A, Provider, stated they had a folder with admission paperwork that was signed the day residents move into the home. Staff A stated she was aware that some admission paperwork 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, RARE CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11-30-23 .

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

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Rachel Y Burt — Provider (or Representative)

10-17-23 — Date

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the resident's inventory list for personal belongings was completed for 3 of 5 residents (Resident 1, 3 & 4). This placed residents at risk for the loss of personal possessions.

Findings included...

Completed

Intermittent observation on 08/30/2023 between 9:33 AM and 2:53 PM showed Residents 1, Resident 3, and Resident 4 had multiple personal possessions in their bedrooms.

Review of Resident 1, Resident 3 and Resident 4 admission records, showed no documentation of an inventory list for personal belongings.

During an interview on 08/30/2023 at 11:30 AM, Staff A, Provider, stated that she was unaware the belongings list was not in the resident's record.

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, RARE CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11-30-23.

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

Rachel Y Burt — Provider (or Representative)

10-17-23 — Date

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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 ;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a Washington state name and date of birth (NDOB) background check was completed every two years for 1 of 3 staff (Staff C). This placed residents at risk for being cared for by a person with a disqualifying crime.

Findings included... completed

Review of employee files showed Staff C, Housekeeper, had a name and date of birth background check that expired on 08/03/2022.

During an interview on 08/30/2023 at 1:08 PM, Staff A, Provider, stated her process was to complete background checks on the same day for all staff and was not sure why this background check 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, RARE CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11-30-23 .

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

Rachel Y Burt — Provider (or Representative)

10-17-23 — 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

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This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a written respiratory protection program and conduct fit testing. The AFH also failed to ensure either a current food handling card or continuing education requirements were met for 2 of 2 staff (Staff A & B). This placed residents at risk for exposure to a communicable disease and food born illness.

Findings included...

Completed

<Respiratory Protection and Fit Testing>

WAC 296-842-12005
Develop and maintain a written program.
Develop a complete worksite-specific written respiratory protection program that includes the applicable elements listed in Table 3. The program must cover each employee required by this section to use a respirator.

Review of Dear Provider Letter dated 04/30/2021 "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. The letter also required the AFH to fit test health care workers with a N95 respirator for protection against communicable diseases.

Review of Dear Provider Letter dated 11/05/2021 "Respirator Fit Testing and Respiratory Protection Program Resource" provided resources for the AFH to develop a Respiratory Protection Program and access resources for fit testing N95 respirators.

Review of infection control documentation showed there was no written respiratory protection program, no documentation that training for use of personal protective equipment or fit testing had occurred for Staff A, Provider, and Staff B, Caregiver.

In an interview on 08/30/2023 at 1:06 PM, Staff A stated that they did not have a respiratory protection program in place and staff were not fit tested for N95 respirators. Staff A stated that they were not aware of the requirement.

<Safe Food Handling>

RCW 70.128.250
Required training and continuing education—Food safety training and testing.
... Licensed adult family home providers or employees who hold individual food handler permits prior to June 30, 2005, will be required to maintain continuing education of .5

hours per year in order to maintain food handling and safety training. Licensed adult family home providers or employees who hold individual food handler permits prior to June 30, 2005, will not be required to renew the permit provided the continuing education requirement as stated above is met.

Observation on 08/30/2023 at 9:39 AM, 10:38 AM, and 1:45 AM showed Staff A, Provider, cooking food for residents in the AFH.

Review of Staff A's employee file showed a safe food handler card that expired on 01/23/2021.

Review of Staff B's, Caregiver, employee file showed a safe food handler card that expired on 01/24/2021.

All completed

During an interview on 08/30/2023 at 4:15 PM, Staff A stated they were unaware that food handler's certification for Staff B and herself were expired and had been too busy to 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, RARE CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11-30-23.

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

Rachel Y Burt — Provider (or Representative)

10-17-23 — Date

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.

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This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to provide the home's policy on accepting Medicaid to 3 of 5 residents (Resident 3,4 & 5). This prevented the resident or their representative from being informed about the home's policy on accepting Medicaid as a payment source.

Findings included...

Review of Resident 3's records showed an admission date of [redacted] 2023. There was no documentation in the resident's record regarding the home's Medicaid policy.

completed

Review of Resident 4's records showed an admission date of [redacted] 2022. There was no documentation in the resident's record regarding the home's Medicaid policy.

completed

Review of Resident 5's records showed an admission date of [redacted] 2022. There was no documentation in the resident's record regarding the home's Medicaid policy.

completed

During an interview on 08/30/2023 at 12:20 PM, Staff A, Provider, stated they had a folder with admission paperwork that is signed the day residents move into the home. Staff A stated she was aware that some admission paperwork 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, RARE CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11-30-23 .

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

Rachel Burt — Provider (or Representative)

10-17-23 — Date

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:

(e) Staff; and

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This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that a two-step tuberculosis (TB) test was completed within three days of hire for 1 of 3 staff (Staff C) This placed the residents at risk for exposure to respiratory illness.

Review of staff records showed Staff C, Housekeeper, had no TB testing documentation. completed

In an interview on 09/15/2023 at 4:56 PM, Staff A, Provider, stated Staff C did not have any TB testing completed and was unaware TB testing was required for all staff. Staff A stated she was unsure the exact date Staff C was hired but believed it was a couple of years ago.

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, RARE CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11-30-23.

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

Rachel Burt — Provider (or Representative)

10-17-23 — Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure specialty training documentation was available to the department during an inspection for 1 of 2 staff (Staff B). This placed residents at risk for receiving care from persons not qualified to have access to vulnerable adults.

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Findings included...

Record review of Staff B, Caregiver, employee records on 08/30/2023 showed Dementia and Mental Health specialty training certificates were not available during the inspection for review.

In an interview on 09/12/2023 at 1:00 PM, Staff A, Provider, stated that they are unable to find the specialty training certificates and was unsure what happened to them.

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, RARE CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11-30-23.

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

Rachel K Burt — Provider (or Representative)

10-17-23 — Date

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

RACHEL BURT
RARE CARE ADULT FAMILY HOME
4125 S ADAMS RD
VERADALE, WA 99037

RE: RARE CARE ADULT FAMILY HOME # 173502

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/26/2023 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 388-76-10532 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:

(a) Provide a copy to each resident prior to or upon admission to the home;

(b) Provide a copy upon resident request; and

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

The Adult Family Home did not ensure 5 of 5 residents had a department standardized disclosure of charges form signed and dated in the resident's records.

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