STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

03/11/2025

PARADISE VILLA AFH & HOSPICE LLC
PARADISE VILLA AFH
15322 SE 256th St
Covington, WA 98042

RE: PARADISE VILLA AFH # 332402

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 54942 (Completion Date 03/11/2025) and 51136 (Completion Date 12/18/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/11/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

WAC 388-76-10420 Meals and snacks. The adult family home must:

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

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;

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:

(c) Resident manager;

(d) Caregiver;

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

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

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

(3) Ensure the medication log includes:

(c) Documentation of any changes or new prescribed medications including:

(i) The change;

(ii) The date of the change;

WAC 388-76-10705 Common use areas.

(1) For the purposes of this section, common use areas:

(a) Are areas and rooms of the adult family home that residents use each day for tasks such as eating, visiting, and leisure activities; and

(b) Include but are not limited to dining and eating rooms, living and family rooms, and any entertainment and recreation areas.

(2) The adult family home must ensure common use areas are:

(c) Not used as bedrooms or sleeping areas.

WAC 388-76-10890 Posting the emergency evacuation floor plan-Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(2) Illustrate the evacuation route from the rooms on that floor to the designated safe location outside the home.

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:

(4) Criminal history disclosure and background check results as required.

WAC 388-76-10620 Resident rights Quality of life General.

(1) The adult family home must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

The Department staff who did the On Site verification:

Marites Gatan, NCI

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

Sincerely,

for Dahl Kim

Dahl Kim, Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License # 332402	Compliance Determination #51136
Plan of Correction	PARADISE VILLA AFH	Completion Date
Page 1 of 17	Licensee: PARADISE VILLA AFH & HOSPICE LLC	12/18/2024

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 11/25/2024 and 11/25/2024 of:
PARADISE VILLA AFH
15322 SE 256th St
Covington, WA 98042

FAXED / 12/26/24 con
Called/Notified Patricia Rankin on 12/27/24
FAXed received

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI
Marites Gatan, NCI

Note: Updated the attestation date on 12/26/24

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 — 12-19-2024 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.

Ched Mercado 12/26/24
Provider (or Representative) Date

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that 2 of 3 bathrooms' sink water temperature was at least 105 degrees Fahrenheit (F) and did not exceed one hundred twenty degrees F. These failures placed all residents at risk of scalding burns and harm from cold water.

Findings included...

In an interview on 11/25/2024 at 9:14 AM, Staff B, Resident Manager stated that they oversaw the home as Staff A, Entity Representative was not available. Staff B stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Observation on 11/25/2024 at 10:27 AM, showed a hallway bathroom (bathroom 1) in the middle of Bedroom A and Bedroom C.

In an interview on 11/25/2024 at 10:28 AM, Staff B stated that Residents 1, 2, and 5 used bathroom 1.

Observation on 11/25/2024 at 10: 30 AM showed bathroom 1 had two sinks. There was a free-standing sink next to the toilet and by the window side of the bathroom. The sink by the window's water temperature was 94.1 F. There was another sink by the door that had a vanity unit underneath. The sink by the doors' water temperature was 93.6 F.

In an interview on 11/25/2024 at 10:32 AM, Staff B stated that the residents complained that the water temperature was too hot. Staff B stated that the acceptable minimum water temperature was 95 degrees F. Staff B was informed of the water temperature regulation.

Observation on 11/25/2024 at 11:00 AM showed Bedroom C with two sinks with vanity underneath (bathroom 2). The bathroom in front of the sink area, had a door. The door had a sign on it that read "Stop. This is not for residents' use. For staff only."

In an interview on 11/25/2024 at 11:01 AM, Staff B stated both sinks were for staff use only.

Observation on 11/25/2024 at 11:09 AM showed that the right-side sink water temperature was 100.2 F. The left side sink water temperature was 103.8 F.

In an interview on 11/25/2024 at 11:10 AM, Staff B stated that they would adjust the water temperature.

In an interview on 11/25/2024 at 3:40 PM, Staff B stated that they had adjusted the water heater's temperature. Department staff informed Staff B that they would recheck the sink's water temperature before leaving the AFH.

Observation on 11/25/2024 at 5:33 PM, showed that the bathroom 2's right side sink, the water temperature was 123.4 F. The left side sink water temperature was 123.4 F.

Observation on 11/25/2024 at 5:34 PM showed that bathroom 1's by the door sink water temperature was 123.6 F. The by the window sink water temperature was 120.9 F.

In an interview on 12/16/2024 at 4:21 PM, Staff A stated that the bathroom inside Bedroom C was licensed for residents' use. Staff A stated that they stopped Resident 1 and Resident 3 from using the bathroom two years ago due to change in their care needs. Staff A stated that for "safety reasons", Resident 1 and Resident 3 used the toilet in the hallway bathroom and used the shower in the bathroom beside Bedroom D.

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, PARADISE VILLA AFH is or will be in compliance with this law and / or regulation on (Date) 11/25/24 @ 7PM

Attached, The H20/water temperature monitoring log.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement. Re-implemented & following the WAC 388-76-10150 & to continued the temperature of the water monitoring log once per week.

Provider (or Representative) — Date: 12/26/24, 12/16/24 ccm

WAC 388-76-10420 Meals and snacks. The adult family home must:

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure proper food handling was followed by 1 of 2 sampled staff (Staff C, Caregiver) when they prepared lunch for all residents in the AFH. This failure placed all current residents at risk for food borne illnesses.

Findings included...

Review of "Food Safety is Everybody's Business; Your Guide to Preventing Food Borne Illnesses" dated, May 2013 from Washington Department of Health, showed that single-use gloves may be used to prepare foods that need to be handled a lot, such as when making sandwiches, slicing vegetables, or arranging food on a platter. It is important to remember that gloves are used to protect the food from germs, not to protect your hands from the food. Gloves must be changed often to keep the food safe. In addition, food workers must use utensils such as tongs, scoops, deli papers or single use gloves to keep from touching ready-to eat foods.

In an interview on 11/25/2024 at 9:14 AM, Staff B, Resident Manager stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

In an interview on 11/25/2024 at 9:58 AM, Staff B stated that Staff C worked full time and lived on site.

Observation on 11/25/2024 at 12:48 PM, showed Staff C with ungloved hands, washed the strawberries with water. Staff C then cut up the strawberries with their bare hands.

In an interview on 11/25/2024 at 12:49 PM, Staff C stated they could not identify what they did wrong.

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, PARADISE VILLA AFH is or will be in compliance with this law and / or regulation on (Date) 12/01/24.

Trained/reviewed the AFH Orientation & Training on Proper Food Handling and Safety.

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

Clyde Mercado
Provider (or Representative)

12/26/24 ccm
12/01/24
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;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled staff (Staff C, Caregiver) performed proper hand hygiene in the AFH. This failure placed all current residents at risk of acquiring infections.

Findings included...

In an interview on 11/25/2024 at 9:14 AM, Staff B, Resident Manager stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

In an interview on 11/25/2024 at 9:58 AM, Staff B stated that Staff C worked full time and lived on site.

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under "AFH Standard Precaution Table" was a guideline for Hand Hygiene and Staff Education. In the link "Hand Hygiene" step number four indicated to rinse hands with water and use disposable towels to dry. Use disposable towel to turn off the faucet.

Observation on 11/25/2024 at 12:39 PM, showed Staff C washed their hands with soap and water in the kitchen sink for meal preparation. Staff C turned off the faucet with their newly washed and clean hands. Staff C obtained paper towel to dry their hands.

In an interview on 11/25/2024 at 12:40 PM, Staff C could not identify what they did wrong in the process of handwashing.

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, PARADISE VILLA AFH is or will be in compliance with this law and / or regulation on (Date) 12/01/24

AFH Orientation & Training was reviewed & Caregiver/Staff C was able to demonstrate the Proper Handwashing technique.

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

Gaede Mercado — Provider (or Representative)

12/26/24 ~~12/01/24~~ CCM — 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:

(c) Resident manager;

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure that 2 of 2 sampled staff (Staff B, Resident Manager and Staff C, Caregiver) had a Tuberculosis [(TB) communicable disease affecting lungs] testing done within three days of employment. This failure placed all five residents at risk of possible exposure to TB.

Findings included...

In an interview on 11/25/2024 at 9:14 AM, Staff B stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

In an interview on 11/25/2024 at 9:58 AM, Staff B stated they and Staff C worked full time and lived on site.

Staff B

Review of staff records showed the AFH hired Staff B on 05/07/2024. Staff B had a TB skin test completed on 11/17/2023 and read on 11/20/2023 with negative result. There was a second TB skin test completed on 12/04/2023 and read on 12/06/2023 with negative result. Staff B had a record of 02/16/2023 chest x-ray with a negative result. Staff B had no other record showing that TB test was performed within three days of hire at the AFH.

Staff C

Review of staff records showed the AFH hired Staff C on 02/26/2022. Staff C had 08/20/2012 chest x-ray with an indication of history of positive PPD. The chest x-ray had no finding. Staff C had no TB test performed within three days of hire at the AFH.

In an interview on 11/25/2024 at 4:41 PM, Staff B acknowledged that Staff B and Staff C had no TB tests done within three days of hire at the AFH.

In an interview on 12/13/2024 at 3:46 PM, Staff A, Entity Representative stated that they were under the impression that TB test was unnecessary since Staff C had history of positive skin test and chest x-ray was completed. Staff A stated that they thought Staff B had TB positive skin test and did not need a TB test.

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, PARADISE VILLA AFH is or will be in compliance with this law and / or regulation on (Date) 12/16/24

Attached are the TB test w/ negative test results for both 2-Steps procedure.

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

Ched Mercado — Provider (or Representative)

12/26/24 — 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

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to conduct a partial emergency evacuation drill at least every sixty days and a full emergency evacuation drill at least once each calendar year. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of harm and injury if an emergency requiring evacuation of the AFH occurred.

Findings included...

In an interview on 11/25/2024 at 9:14 AM, Staff B, Resident Manager stated that they oversaw the home as Staff A, Entity Representative was not available. Staff B stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

In an interview on 11/25/2024 at 9:40 AM, Staff B stated that all five residents (Residents 1, 2, 3, 4, and 5) required assistance with the emergency evacuation.

Review of the AFH's 2023 fire drills showed there were six fire drills completed. A fire drill on 02/08/2023 labelled as every two months, participated by three staff and six residents that lasted for three minutes and 53 seconds. A fire drill on 04/07/2023 labelled as every two months, participated by three staff and five residents that took three minutes and 35 seconds. A fire drill on 06/05/2023 labelled as every two months, participated by three staff and five residents that lasted for three minutes and 12 seconds. A fire drill on 08/04/2023 labelled as partial evacuation, participated by three staff and three residents that lasted for two minutes and 23 seconds. A fire drill on 10/02/2023 labelled as partial evacuation, participated by three staff and five residents that took three minutes and 40 seconds. A fire drill on 12/01/2023 labelled as partial evacuation, participated by three staff and six residents that lasted for four minutes. There was no full emergency evacuation drill completed for year 2023.

Record review of AFH's 2024 emergency evacuation drills showed there were five fire drills completed. A fire drill on 01/29/2024 labelled as partial evacuation, participated by three staff and six residents that took four minutes and 30 seconds. A fire drill on 03/28/2024 labelled as partial evacuation drill, participated by three staff and five residents that took three minutes and 46 seconds. A fire drill on 05/26/2024, labelled as partial evacuation, participated by three staff and five residents that took three minutes and 45 seconds. A fire drill on 07/23/2024 labelled as full evacuation, participated by two staff and five residents that lasted for three minutes and 47 seconds. A fire drill on 09/20/2024 labeled as partial evacuation, participated by three staff and five residents that lasted for three minutes and 38 seconds. There was no fire drill completed after the 09/20/2024. From 09/20/2024 to the day of the home inspection 11/25/2024 had been 66 days.

In an interview on 11/25/2024 at 4:26 PM, Staff B had no response when department staff reported the findings.

In an interview on 12/13/2024 at 3:48 PM, Staff A stated they were not aware that full emergency evacuation was not completed for year 2023.

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, PARADISE VILLA AFH is or will be in compliance with this law and / or regulation on (Date) 11/30/24
Completed the Fire Drill covering the 11/25/24 findings. Fire Drill for the 2023 was emailed dated 12/15/24. Marites Glotan, Licensor responded received.
In addition, I will implement a system to monitor and ensure continued compliance with this requirement. The Fire Drill 2023 were in the file but was misplaced.

12/26/24 CDM
12/15/24

Provider (or Representative) 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

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) did not have personal belongings list completed for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of losing personal belongings without accountability from the AFH.

Findings included...

In an interview on 11/25/2024 at 9:14 AM, Staff B, Resident Manager stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Review of Resident 2's AFH records showed they were admitted to the home on [redacted]2024. Resident 2's personal belongings list inventory was signed by the AFH Provider on 06/03/2024. Resident 2's personal belongings list was missing resident or

their representative's signature

In an interview on 11/25/2024 at 12:25 PM, Staff B had no response when department staff pointed out that Resident 2's belongings list was not signed by resident or their representative.

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, PARADISE VILLA AFH is or will be in compliance with this law and / or regulation on (Date) 11/26/24.

Attached, please, the signed Personal Belongings.

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

CJedemercado
Provider (or Representative)

12/26/24
12/01/24 am
Date

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

(3) Ensure the medication log includes:

(c) Documentation of any changes or new prescribed medications including:

(i) The change;

(ii) The date of the change;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to keep 1 of 2 sampled resident's (Resident 4) medication log current. This failure placed Resident 4 at risk of missing their prescribed medication.

Findings included...

In an interview on 11/25/2024 at 9:14 AM, Staff B, Resident Manager stated that they oversaw the home as Staff A, Entity Representative was not available.

In an interview on 11/25/2024 at 9:49 AM, Staff B stated that Resident 4 required medication assistance.

Observation on 11/25/2024 at 2:19 PM, showed Resident 4 had a supply of Humalog insulin (medication given via injection underneath the skin that controls the blood sugar levels) injection.

A review of Resident 4 's November 2024 pharmacy generated medication log did not have the Humalog insulin. Review of Resident 4's AFH records showed a 11/20/2024 physician order of the Humalog insulin.

In an interview on 11/25/2024 at 2:27 PM, Staff B stated that the physician order was received recently. Staff B stated that they would update the medication log.

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, PARADISE VILLA AFH is or will be in compliance with this law and / or regulation on (Date) 12/02/24.

Please see the attached MAR with updated medication for Humalog insulin.

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

Glad C Mercado
Provider (or Representative)

12/26/24
~~12/02/24~~ CAM
Date

WAC 388-76-10705 Common use areas.

(1) For the purposes of this section, common use areas:

(a) Are areas and rooms of the adult family home that residents use each day for tasks such as eating, visiting, and leisure activities; and

(b) Include but are not limited to dining and eating rooms, living and family rooms, and any entertainment and recreation areas.

(2) The adult family home must ensure common use areas are:

(c) Not used as bedrooms or sleeping areas.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the living room was not used by 2 of 2 sampled staff (Staff B, Caregiver and Staff C, Caregiver) for sleeping. In addition, the AFH failed to ensure that 1 of 1 Household member (HH1) did not use the AFH TV room as sleeping area. These failures placed all the residents at risk for decreased quality of life.

Findings included...

In an interview on 11/25/2024 at 9:14 AM, Staff B, Resident Manager stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Observation on 11/25/2024 at 9:19 AM showed Staff B assisted Resident 1ambulate with walker from the dining room to the TV area. Staff B assisted Resident 1 to sit in a recliner to watch TV.

In an interview on 11/25/2024 at 9:58 AM, Staff B stated that they and Staff C, Caregiver worked full time and lived on site. Staff B stated that HH 1 who used to be a caregiver, and now a volunteer, lived on site.

Observation on 11/25/2024 at 9:59 AM showed Staff B wheeled Resident 3 from the dining room to the TV area. Staff B and Staff C transferred Resident 3 into a recliner in front of the TV.

In an interview on 11/25/2024 at 11:23 AM, Staff B stated that the staff were able to hear residents' call as they slept on the sofa in the living room area. Staff B added that HH 1 slept on the couch in the TV room.

Observation on 11/25/2024 at 11:25 AM, showed a chair in the living room had folded blankets and clothes on top. Beside this was a piano with a luggage and a brown box with folded blanket on top.

In an interview on 11/25/2024 at 11:26 AM, Staff B stated that the items on top of the chair belonged to Staff C. Staff B stated that the staff slept in the living room area only at night when residents slept inside their bedrooms.

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, PARADISE VILLA AFH is or will be in compliance with this law and / or regulation on (Date) 11/25/24 @ 9 PM

Staff B & C & HH1 are mandated to sleep at their assigned caregivers room/quarters immediately. If violated can be given disciplinary actions.

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

Emailed the correction on 11/27/24 to Marites Gatan, BSN, RN, Licenser.

Ched Mercado
Provider (or Representative)

12/26/24
~~12/01/24~~ CCM
Date

WAC 388-76-10890 Posting the emergency evacuation floor plan-Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(2) Illustrate the evacuation route from the rooms on that floor to the designated safe location outside the home.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to post an emergency evacuation plan on 1 of 2 floors (second floor) of the home. This failure placed residents' risk for harm and risk of delayed evacuation in an event of fire.

Findings included...

In an interview on 11/25/2024 at 9:14 AM, Staff B, Resident Manager stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Observation on 11/25/2024 at 10:10 AM, showed that second floor had a fire extinguisher that was checked and serviced in September 2024. The second floor had no emergency evacuation plan displayed on the wall.

On 11/25/2024 at 10:11 AM, Staff B had no response when department staff pointed out to them the missing emergency evacuation plan on the second floor.

In a phone interview on 12/13/2024 at 3:44 PM, Staff A, Entity Representative stated this was the first time they were informed that they needed an emergency evacuation plan for the second floor of 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, PARADISE VILLA AFH is or will be in compliance with this law and / or regulation on (Date) 12/01/24.

Posted/displayed the Emergency Evacuation Plan on the second floor of the home.

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

Ched Mercado
Provider (or Representative)

12/26/24
12/01/24 CCM
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:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to keep personnel records that included the background check result of 1 of 4 current staff (Staff D, Caregiver) readily accessible to department staff. In addition, the AFH failed to keep the background check results of 2 of 5 former staff (Staff G, Caregiver and Staff H, Caregiver) This failure delayed the Department from determining if Staff D, Staff G and Staff H were qualified care for residents in the AFH.

Findings included...

In an interview on 11/25/2024 at 9:14 AM, Staff B, Resident Manager stated that they oversaw the home as Staff A, Entity Representative was not available. Staff B stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

In an interview on 11/25/2024 at 9:58 AM, Staff B stated that Staff D worked as needed and did not live on site.

Review of staff records showed that Staff D was hired on 09/12/2023. Staff D's AFH's personnel records review showed Fingerprint Background Check (FBC) was missing.

In an email received on 11/26/2024, attached were Staff G and Staff F's AFH's personnel records. Staff G's AFH orientation document showed they were hired on 11/18/2022, and departure date of 05/25/2023. Staff G had a Washington State Name and Date of birth background check (BGI) with an expiration date of 11/14/2024. Staff G's FBC was not included in the email. Staff F's AFH orientation document showed they were hired on 01/24/2024 and left 04/12/2024. Staff F had a BGI with an expiration date of 01/22/2026. Staff G's FBC was not included in the email.

In an email received on 12/04/2024, Staff A stated that they were waiting for Staff D, Staff G and Staff F to send their completed FBC.

In an email received on 12/15/2024, attached were Staff D's FBC that was completed on 10/10/2024 and Staff H's FBC completed on 12/12/2016. There was a document labelled "Applicant" with Staff G's fingerprints dated 05/28/2019, with a stamp of Seattle Police department. There was no Staff G's FBC document in the email.

In an email received on 12/17/2024 from department Background Check Central Unit stated that Staff G had a FBC completed on 05/06/2022.

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, PARADISE VILLA AFH is or will be in compliance with this law and / or regulation on (Date) 12/15/24
Emailed copies of Staff D, H, & G's FBC to Marites Gatan, RN, BSN, Licensed on 12/15/24.
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) — Date 12/26/24 (12/15/24 corrected)

WAC 388-76-10620 Resident rights Quality of life General.

(1) The adult family home must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) allowed 1 of 1 Household Member (HH1) to use 1 of 5 bedrooms (Bedroom [redacted] occupied by 2 of 2 residents (Residents 1 and 3) for their recreation (watching TV). Additionally, AFH staff labelled and used the private bathroom in Bedroom [redacted] for staff use only. These failures placed residents (Resident 1 and Resident 3) in Bedroom [redacted] at risk of violation of their privacy and decreased quality of life.

Findings included...

In an interview on 11/25/2024 at 9:14 AM, Staff B, Resident Manager stated that they oversaw the home as Staff A, Entity Representative was not available. Staff B stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

In an interview on 11/25/2024 at 9:39 AM, Staff B stated that Resident 1 can be interviewed and Resident 3 cannot be interviewed.

In an interview on 11/25/2024 at 9:58 AM, Staff B stated that they and Staff C worked full time and lived on site. Staff B stated that HH 1 was previously a caregiver, currently a volunteer, lived on site.

Observation on 11/25/2024 at 10:55 AM, showed HH 1 in their wheelchair, watched TV inside Bedroom [redacted]. There were no residents in the bedroom. The bedroom [redacted] was occupied by Resident 1 and Resident 3.

In an interview on 11/25/2024 at 10:56 AM, Staff B stated that HH 1 watched TV inside Bedroom [redacted] when Resident 1 and Resident 3 watched TV in the TV room, outside of their bedroom.

During an environmental tour of Bedroom [redacted] used by Residents 1 and 3, on 11/25/2024 at 11:00 AM, observation showed a label on the door of a private bathroom in the bedroom with two sinks adjacent to the door. The door sign read, "Stop. This is not for residents' use. For staff only."

In an interview on 11/26/2024 at 11:01 AM, Staff B stated that the AFH staff used the bedroom [redacted] toilet during the day, and they would use the AFH hallway bathroom at night. In addition, Staff B stated that they (Staff B) showered daily around 6:00 PM in the Bedroom [redacted] bathroom. Staff B stated that Resident 1 would be in the TV room and Resident 3 would be in their bed watching TV, while Staff B showered.

In an interview on 12/16/2024 at 4:21 PM, Staff A stated that the bathroom (bathroom 2) inside Bedroom [redacted] was licensed for residents' use. Staff A stated that they discontinued Resident 1 and Resident 3's use of the bathroom two years ago due to change in their care needs. Staff A stated that for "safety reasons", Resident 1 and Resident 3 used the toilet in the hallway bathroom (bathroom 1) and used the shower in the bathroom (bathroom 3) beside Bedroom D.

On 12/18/2024 at 5:38 PM, Resident 1 declined to be interviewed.

In a phone interview on 12/18/2024 at 5:40 PM, HH 1 stated that they would "sometimes" watch TV inside Bedroom [redacted] while folding the resident's clothes. Department staff mentioned that on the day of the inspection, when they were observed inside Bedroom [redacted], they were not folding clothes. HH 1 had no response to department staff.

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, PARADISE VILLA AFH is or will be in compliance with this law and / or regulation on (Date) 12/01/24

Staff B, C, & HH1 are trained/updated on AFH Orientation/Training, cannot use/are prohibited to use the bathroom in Room [redacted] due to the privacy of the residents.

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

Even watching TV in Room [redacted] is not allowed for residents' privacy even if residents are outside in the TV area.

Ched Mercado — Provider (or Representative)

12/26/24 — 12/01/24 CCM — Date