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

VIERCK LTD
CANYON CREEK ADULT FAMILY HOME
22918 NE 169TH ST
BRUSH PRAIRIE, WA 98606

RE: CANYON CREEK ADULT FAMILY HOME License # 456900

Dear Provider:

This letter addresses Compliance Determination(s) 55014 (Completion Date 02/19/2025) and 51527 (Completion Date 12/19/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/19/2025 and found that you have corrected the violations listed in the Full report dated 12/19/2024. Your home is back in compliance as of 02/02/2025 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 388-76-10750-6-c, WAC 388-76-10650-2-a, WAC 388-76-10161-2, WAC 388-76-10161-2-a, WAC 388-76-10161-2-b, WAC 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g

The Department staff who did the on-site verification:
Hongyan Cluer, RN, ALF Licensor

If you have any questions, please contact me at (360)746-4675.

Sincerely,

Clinton Fridley

Clinton Fridley, Adult Family Home Nurse 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

Statement of Deficiencies	License #: 456900	Compliance Determination #51527
Plan of Correction	CANYON CREEK ADULT FAMILY HOME	Completion Date
Page 1 of 8	Licensee: VIERCK LTD	12/19/2024

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 12/10/2024 and 12/10/2024 of:
CANYON CREEK ADULT FAMILY HOME
22918 NE 169TH ST
BRUSH PRAIRIE, WA 98606

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hongyan Cluer, RN, ALF 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

12.24.2024
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.

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 12/10/2024 and 12/10/2024 of:

CANYON CREEK ADULT FAMILY HOME
22918 NE 169TH ST
BRUSH PRAIRIE, WA 98606

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hongyan Cluer, RN, ALF 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: 1-3-2025

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 water temperature was in the required range between 105- and 120-degrees Fahrenheit (f) at all fixtures used by or accessible to all 6 residents (Resident 1 [R1] through Resident 6 [R6]). This failure placed all residents at risk for skin and body burn and injuries due to hot water temperature.

Findings included...

An unannounced inspection visit was conducted on 12/10/2024.

At 11: 42 AM, Resident 2' s bathroom sink water temperature was tested at 135.0 degrees f.

At 11: 45 and 11:47 AM, the two common bathroom sinks water temperature were tested at 129.4 degrees f. and 128.4 degrees f.

During interview at 12:07 PM, Staff A, Caregiver, stated that she called AFH provider and provider will adjust the water temperature once he is back to AFH at night.

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, CANYON CREEK ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 2-2-2025 .

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

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 water temperature was in the required range between 105- and 120-degrees Fahrenheit (f) at all fixtures used by or accessible to all 6 residents (Resident 1 [R1] through Resident 6 [R6]). This failure placed all residents at risk for skin and body burn and injuries due to hot water temperature.

Findings included...

An unannounced inspection visit was conducted on 12/10/2024.

At 11: 42 AM, Resident 2' s bathroom sink water temperature was tested at 135.0 degrees f.

At 11: 45 and 11:47 AM, the two common bathroom sinks water temperature were tested at 129.4 degrees f. and 128.4 degrees f.

During interview at 12:07 PM, Staff A, Caregiver, stated that she called AFH provider and provider will adjust the water temperature once he is back to AFH at night.

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, CANYON CREEK ADULT FAMILY HOME 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.

Dan Vierck
Provider (or Representative)

1-3-2025
Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure assessments for the use of [redacted] were completed for 2 of 2 resident (Resident 1[R1] and Resident 2 [R2]). This failure placed the residents at risk for possible bodily injury and/or death due to entrapment, suffocation, or strangulation.

Findings included...

An unannounced inspection visit was conducted on 12/10/2024. Staff H, Provider, was not present at AFH. Staff A, Caregiver, was acting as AFH representative.

Observation at 11:36 AM showed [redacted] (in up position) attached to both sides of R2's bed in R2's room.

Observation at 11:50 AM showed [redacted] (in up position) attached to both sides of R1's bed in R1's room.

Review of R1's medical record showed R1 moved into the AFH on [redacted]/2024, with diagnoses including [redacted]. No assessment for the safe use of [redacted] was found in R1's medical record.

Review of R2's medical record showed R2 moved into the AFH on [redacted]/2022, with diagnoses including [redacted]. A form titled "Restraints: [redacted] Utilization Assessment" was found incomplete in R2's medical record. Resident's name, assessor's name, signature and date were all missing. No assessment for the safe use of [redacted] was found in R2's medical record.

During interview at 11:57 AM, Staff A stated that "the residents use [redacted] for mobility and turning."

During interview at 01:10 PM, Staff A stated," Requirement of [redacted] assessment is new to me."

Provider (or Representative) Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure assessments for the use of [redacted] were completed for 2 of 2 resident (Resident 1[R1] and Resident 2 [R2]). This failure placed the residents at risk for possible bodily injury and/or death due to entrapment, suffocation, or strangulation.

Findings included…

An unannounced inspection visit was conducted on 12/10/2024. Staff H, Provider, was not present at AFH. Staff A, Caregiver, was acting as AFH representative.

Observation at 11:36 AM showed [redacted] (in up position) attached to both sides of R2's bed in R2's room.

Observation at 11:50 AM showed [redacted] (in up position) attached to both sides of R1's bed in R1's room.

Review of R1's medical record showed R1 moved into the AFH on [redacted]/2024, with diagnoses including [redacted]. No assessment for the safe use of [redacted] was found in R1's medical record.

Review of R2's medical record showed R2 moved into the AFH on [redacted]/2022, with diagnoses including [redacted]. A form titled "Restraints: [redacted] Utilization Assessment" was found incomplete in R2's medical record. Resident's name, assessor's name, signature and date were all missing. No assessment for the safe use of [redacted] was found in R2's medical record.

During interview at 11:57 AM, Staff A stated that "the residents use [redacted] for mobility and turning."

During interview at 01:10 PM, Staff A stated," Requirement of [redacted] assessment is new to me."

This was a repeated deficiency previously cited on 09/12/2022.

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, CANYON CREEK ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 2-2-2025 .

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

Provider (or Representative) — Date: 1-3-2025

This was a repeated deficiency previously cited on 09/12/2022.

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, CANYON CREEK ADULT FAMILY HOME 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 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 7 of 10 care staff (Staff A, B, C, D, E,F and G), had current Washington state name and date of birth background checks; and AFH failed to ensure 4 of 10 care staff (Staff C, D,E and G), had a national fingerprint background check. This failure placed the residents at risk for injury and harm due to potentially unqualified and improperly screened staff.

Findings included…

An unannounced inspection visit was conducted on 12/10/2024. Staff H, a Provider was not present at AFH. Staff A, a caregiver, was acting as AFH representative.

Review of care staff records showed Staff A, Caregiver, was hired on 05/15/2014. A Washington state name and date of birth background check was expired on 06/10/2023.

Review of care staff records showed Staff B, a licensed practical nurse (LPN), was hired on 07/29/2022. No Washington state name and date of birth background check was found in Staff B's file.

Review of care staff records showed, Staff C, Caregiver, was hired on 06/04/2023. Neither a Washington state name and date of birth background check nor a final national fingerprint background check was found in Staff C's file.

Review of care staff records showed Staff D, Caregiver, was hired on 03/07/2022. A Washington state name and date of birth background check was expired on 03/04/2024. No final national fingerprint background check was found in Staff D's file.

Review of care staff records showed Staff E, LPN, was hired on 07/28/2023. Neither a Washington state name and date of birth background check nor a final national fingerprint background check was found in Staff E's file.

Review of care staff records showed Staff F, LPN, was hired on 10/30/2023. A Washington state name and date of birth background check was expired on 10/21/2024.

Review of care staff records showed Staff G, LPN, was hired on 01/02/2024. Neither a Washington state name and date of birth background check nor a final national fingerprint background check was found in Staff E's file.

During interview 2:39 PM, Staff A stated that she was unable to locate the above care staff's background checks in their paper files. She stated that she tried to look for it online later.

Staff A was given an opportunity to provide background check reports no later than 3:30 PM on 12/11/2024.

By 05:00 PM on 12/11/2024, Staff A failed to provide background check reports.

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, CANYON CREEK ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 2-2-2025

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

Provider (or Representative) — Date: 1-3-2025

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:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

Review of care staff records showed Staff G, LPN, was hired on 01/02/2024. Neither a Washington state name and date of birth background check nor a final national fingerprint background check was found in Staff E's file.

During interview 2:39 PM, Staff A stated that she was unable to locate the above care staff's background checks in their paper files. She stated that she tried to look for it online later.

Staff A was given an opportunity to provide background check reports no later than 3:30 PM on 12/11/2024.

By 05:00 PM on 12/11/2024, Staff A failed to provide background check reports.

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, CANYON CREEK ADULT FAMILY HOME 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 388-76-10530 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:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

This requirement was not met as evidenced by:

Based on interview and record review, adult family home (AFH) failed to develop a system to ensure residents, and their representatives, were provided the home's Notice of Rights and Service/ Admission Agreement for 1 of 2 resident (Resident 2 [R2]) at the time of admission. This failure put the resident and their representative at risk for not being informed of the AFH's current services, policies and charges.

Findings included... .

An unannounced inspection visit was conducted on 12/10/2024. Staff H, Provider, was not present at AFH. Staff A, Caregiver, was acting as AFH representative.

Review of R2's medical record showed R2 moved into the AFH on [redacted]/2022, with diagnoses including [redacted] ([redacted]) [redacted]. No completed admission agreement was found in R2's file. There were a few pages of the home's "notice of rights and services" found, with multiple pages requiring the Resident's signature. These pages were left blank. R2's signature is present on only one page, and it was dated 09/23/2023.

During interview around 01:47 PM, Staff A, Caregiver, acknowledged the above finding and stated that they were not aware of it.

This deficiency was consulted at previous full inspection dated 09/12/2022.

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, CANYON CREEK ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 2-2-2025.

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

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

This requirement was not met as evidenced by:

Based on interview and record review, adult family home (AFH) failed to develop a system to ensure residents, and their representatives, were provided the home's Notice of Rights and Service/ Admission Agreement for 1 of 2 resident (Resident 2 [R2]) at the time of admission. This failure put the resident and their representative at risk for not being informed of the AFH's current services, policies and charges.

Findings included….

An unannounced inspection visit was conducted on 12/10/2024. Staff H, Provider, was not present at AFH. Staff A, Caregiver, was acting as AFH representative.

Review of R2's medical record showed R2 moved into the AFH on [redacted]/2022, with diagnoses including [redacted] ([redacted]) [redacted]. No completed admission agreement was found in R2's file. There were a few pages of the home's "notice of rights and services" found, with multiple pages requiring the Resident's signature. These pages were left blank. R2's signature is present on only one page, and it was dated 09/23/2023.

During interview around 01:47 PM, Staff A, Caregiver, acknowledged the above finding and stated that they were not aware of it.

This deficiency was consulted at previous full inspection dated 09/12/2022.

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, CANYON CREEK ADULT FAMILY HOME 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)

1-3-2025
Date

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

12/24/2024

VIERCK LTD
CANYON CREEK ADULT FAMILY HOME
22918 NE 169TH ST
BRUSH PRAIRIE, WA 98606

RE: CANYON CREEK ADULT FAMILY HOME # 456900

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/19/2024 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:

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 388-76-10320 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.

No record of personal belongings inventory was found in Resident 1 ’s files during the onsite inspection visit on 12/10/2024.

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

During onsite inspection visit on 12/10/2024, record review showed Resident 1’s negotiated care plan, dated 08/19/2024, did not include how Resident 1 would use the [redacted].

WAC 388-76-10540 Resident rights Disclosure of charges Notice requirements Deposits.

(1) If the adult family home requires an admission fee, deposit, prepaid charges, or any other fees or charges, by or on behalf of a person seeking admission, the home must include this information on the disclosure of charges form in writing in a language the resident understands prior to its receipt of any funds.

(2) The disclosure must include:

(a) A statement of the amount of any admissions fees, security deposits, prepaid charges, minimum stay fees, or any other fees or charges specifying what the funds are paid for and the basis for retaining any portion of the funds if the resident dies, is hospitalized, transferred, or discharged from the home;

(b) The home's advance notice or transfer requirements; and

(c) The amount of the security deposits, admission fees, prepaid charges, minimum stay fees, or any other fees or charges that the home will refund to the resident if the resident leaves the home.

(3) If the home does not provide the disclosures in subsection (1) of this section to the resident, the home must not keep the resident's security deposits, admission fees, prepaid charges, minimum stay fees, or any other fees or charges.

(4) If a resident dies, is hospitalized, or is transferred to another facility for more appropriate care and does not return to the home, the adult family home:

(a) Must refund any deposit or charges paid by the resident less the home's per diem rate for the days the resident actually resided, reserved, or retained a bed in the home regardless of any minimum stay policy or discharge notice requirements;

(b) May keep an additional amount to cover its reasonable and actual expenses incurred as a result of a private-pay resident's move, not to exceed five days per diem charges, unless the resident has given advance notice in compliance with the home's admission agreement; and

(c) Must not require the resident to obtain a refund from a placement agency or person.

(5) The adult family home must not retain funds for reasonable wear and tear by the resident or for any basis that would violate RCW 70.129.150 .

(6) The adult family home must provide the resident with any and all refunds due within thirty days from the resident's date of discharge from the home.

(7) Nothing in this section applies to provisions in contracts negotiated between a home and a certified health plan, health or disability insurer, health maintenance organization, managed care organization, or similar entities.

(8) The home must ensure that the notice of rights and services is consistent with the requirements of this section, chapters 70.128 , 70.129, and 74.34 RCW, and other applicable state and federal laws.

No record of the home’s disclosure of charges was found in Resident 2’s files during the onsite inspection visit on 12/10/2024.

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(11) Obtain and keep valid cardiopulmonary resuscitation (CPR) and first-aid card or certificate as required in chapter 388-112A WAC; and

During onsite inspection visit on 12/10/2024, record review showed the adult family home provider (Staff H)’s cardiopulmonary resuscitation (CPR) and first-aid card or certificate expired on 06/09/2024.

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(f) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 .

During onsite inspection visit on 12/10/2024, record review showed the adult family home's caregiver (Staff A) did not have current food hander's card (it expired on 02/10/2024) or current record of one-half hour on safe food handling.

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.

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(f) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 .

During onsite inspection visit on 12/10/2024, record review showed the adult family home's caregiver (Staff A) did not have current food hander's card (it expired on 02/10/2024) or current record of one-half hour on safe food handling.

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