STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

GROUP ACTION FOR PENINSULA PEOPLE
GAPP AFH
PO BOX 1003
WAUNA, WA 98395

RE: GAPP AFH License # 531102

Dear Provider:

This letter addresses Compliance Determination(s) 49303 (Completion Date 10/24/2024) and 46306 (Completion Date 08/29/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/24/2024 and found that you have corrected the violations listed in the Full report dated 08/29/2024. Your home is back in compliance as of 10/11/2024 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 388-76-10255-1, WAC 388-76-10255-3, WAC 388-76-10280-1, WAC 388-76-10146-1, WAC 388-76-10146-2-e, WAC 388-112A-0610-1-a-i, WAC 388-112A-0610-1-a-ii, WAC 388-112A-0610-1-a-iii, WAC 388-112A-0610-1-a-iv, WAC 388-76-10146-2-d, WAC 388-112A-0720-1-c-ii

The Department staff who did the off-site verification:
Emily Vincent, AFH Licensor

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

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 08/27/2024 and 08/27/2024 of:
GAPP AFH
8725 STATE RD 302 NW
GIG HARBOR, WA 98329

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Emily Vincent, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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.

This document was prepared by Residential Care Services for the Locator website.

Provider (or Representative) 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;

(3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) failed to follow their written Respiratory Protection Program (RPP, procedures for caregivers to follow to protect themselves from exposure to respiratory hazards while at work) as required by the Occupational Health and Safety Administration (OSHA), when N-95 respirator (a tightly fitted facial respiratory protection device/mask) fit-testing (verification that a respirator fits properly and provided expected respiratory protection) was not provided for 9 of 9 caregivers (the AFH Provider, the Resident Manager, Caregiver A, Caregiver B, Caregiver C, Caregiver D, Caregiver E, Caregiver F, and Caregiver G) annually in-person to evaluate caregivers using a specific N-95 respirator to ensure the respirator fit properly.

every year in person. This failure placed the AFH Provider, the Resident Manager, Caregiver A, Caregiver B, Caregiver C, Caregiver D, Caregiver E, Caregiver F, Caregiver G, and all AFH residents at risk of exposure to infectious respiratory diseases.

Findings included…

Review of AFH administrative records, showed a written RPP for caregivers to follow to ensure the home met OSHA requirements to protect AFH residents and staff from infectious respiratory diseases by providing an annual N-95 respirator fit-test for all caregivers.

Review of the AFH's personnel files showed the Provider had no evidence of a N-95 fit-test result. Review of the Resident Manager’s personnel file showed no evidence of a N-95 fit-test result since 03/31/2021. Review of Caregiver A’s personnel file showed no evidence of a N-95 fit-test result. Review of Caregiver B’s personnel file showed no evidence of a N-95 fit-test result since 03/31/2021. Review of Caregiver C’s personnel file showed no evidence of a N-95 fit-test result since 03/31/2021. Review of Caregiver D’s personnel file showed no evidence of a N-95 fit-test result since 03/31/2021. Review of Caregiver E’s personnel file showed no evidence of a N-95 fit-test result since 03/31/2021. Review of Caregiver F’s personnel file showed no evidence of a N-95 fit-test

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result since 03/31/2021. Review of Caregiver G's personnel file showed no evidence of a N-95 fit-test result since 03/31/2021.

On 08/27/2024 at 12:30 PM, in an interview, the Provider said they misunderstood the RPP fit-testing requirements. The Provider thought the requirements were met when their caregivers completed medical clearance evaluations on a routine basis. The Provider said the AFH had not provided fit-testing on an annual basis because the Provider thought caregivers were only required to pass one fit-test if they used the same N-95 respirator and completed routine medical clearance evaluations. The Provider said they were not aware the medical clearance evaluation was one component of the RPP requirements and only cleared caregivers medically to use a N-95 respirator.

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, GAPP AFH is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

(1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure 1 of 9 caregivers (Caregiver A) had one additional tuberculosis (TB, an infectious respiratory disease) skin test when they were hired. This failure placed all residents at risk of exposure to infectious disease.

Findings included…

Review of Caregiver A's personnel file showed their date of hire as 01/22/2024. Caregiver A had a documented negative two-step TB skin test read 07/05/2023 and 07/17/2023, but there were no additional documented TB test results since Caregiver A was hired.

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On 08/27/2024 at 12:30 PM, the AFH Provider said they misunderstood the TB testing requirements and were not aware Caregiver A needed additional TB testing when they were hired because Caregiver A had a documented negative two-step skin test result within a year of their hire date.

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, GAPP AFH is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

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

(1) The adult family home must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

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

(e) Continuing education.

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.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(i) A certified home care aide;

(ii) A long-term care worker who is exempt from the 70-hour home care aide basic training under WAC 388-112A-0090 (1) and (2);

(iii) A certified nursing assistant, and a person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

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This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) failed to ensure 7 of 9 caregivers (the AFH Provider, the Resident Manager, Caregiver C, Caregiver D, Caregiver E, Caregiver F, and Caregiver G) completed 12 hours of required continuing education (CE) training before their birthdays in 2022, 2023, and/or 2024 (since the last licensing inspection in 07/2022). This failure placed all residents at risk of unmet care and service needs.

Findings included…

Review of the AFH Provider's personnel file showed their birthday was 03/03 and they completed 2.5 hours of CE training in 2023 and 3 hours in 2024. The Provider was 18.5 hours short of the CE requirement for their virthday in 2023 and 2024.

Review of the Resident Manager's personnel file showed their birthday was 11/04 and they completed 0 hours of CE training in 2022 and 3 hours in 2023. The Resident Manager was 21 hours short of the CE requirement for their birthdays in 2022 and 2023.

Review of Caregiver C's personnel file showed their birthday was 01/[redacted] and they completed 0 hours of CE training in 2023. Caregiver C was 12 hours short of the CE requirement for their birthday in 2023.

Review of Caregiver D's personnel file showed their birthday was 09/[redacted] and they completed 0 hours of CE training in 2022. Caregiver D was 12 hours short of the CE requirement for their birthday in 2022.

Review of Caregiver E's personnel file showed their birthday was 01/[redacted] and they completed 6 hours of CE training in 2023 and 0 hours in 2024. Caregiver E was 18 hours short of the CE requirement for their birthdays in 2023 and 2024.

Review of Caregiver F's personnel file showed their birthday was 05/[redacted] and they completed 0 hours of CE training in 2023 and 0 hours in 2024. Caregiver F was 24 hours short of the CE requirement for their birthday in 2023 and 2024.

Review of Caregiver G's personnel file showed their birthday was 09/[redacted] and they completed 0 hours of CE training in 2022 and 0 hours in 2023. Caregiver G was 24 hours short of the CE requirement for their birthday in 2023 and 2024.

On 08/27/2024 at 12:30 PM, in an interview, the AFH Provider said they were aware that most AFH staff had not completed their required continuing education because they had difficulty enrolling in courses. Caregivers discovered most instructor-led courses were already full when they tried to enroll. The Provider had not explored non-instructor-led

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trainings (online) and was not aware caregivers who had not completed 12 hours of CE by their birthday each year must not provide care until they completed the required CE.

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, GAPP AFH is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

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

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

(d) Cardiopulmonary resuscitation and first aid; and

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(1) Adult family homes.

(c) Adult family home long-term care workers must obtain and maintain a valid CPR and first-aid card or certificate as follows:

(ii) Before providing care for residents, if not directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure 1 of 9 caregivers (Caregiver G) maintained their cardio-pulmonary resuscitation (CPR) training and obtained first aid training. This failure placed all residents at risk of harm in the event CPR and/or first aid was necessary.

Findings included…

Review of Caregiver G's personnel file showed Caregiver G had a Basic Life Support (BLS) and CPR certificate that expired on 09/22/2023, and the BLS/CPR training did not include first aid training. There was no evidence of valid CPR and/or first aid training in Caregiver G’s personnel file.

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On 08/27/2024 at 12:30 PM, in an interview, the AFH Provider said they were not aware Caregiver G's CPR training was expired and that Caregiver G did not have first aid training because it was not included in BLS training.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, GAPP AFH is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

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PO Box 99250, Lakewood, WA 98496

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GROUP ACTION FOR PENINSULA PEOPLE
GAPP AFH
PO BOX 1003
WAUNA, WA 98395

RE: GAPP AFH # 531102

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/29/2024 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:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

Lakewood, WA 98496

• 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 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

The adult family home (AFH) did not ensure the registered nurse delegation (RND) requirements of WAC 246-840-910 through 246-840-970 were met for 3 of 3 residents (Resident 1, Resident 2, and Resident 5) when their RN Delegator failed to document the names of the caregivers they delegated to administer medication and perform other nursing tasks for two of four nurse delegation visits in the past year. Before the completion of the licensing inspection, the AFH Provider ensured their RN Delegator documented the names of all delegated caregivers on Resident 1's, Resident 2's, and Resident 5's nurse delegation visit notes.

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

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The adult family home (AFH) did not ensure toxic substances were inaccessible to AFH residents as required when they left the cupboard where they stored their cleaning supplies in their laundry room unlocked. Residents had not attempted to access the cleaning supplies, and once the AFH Provider was made aware, they secured the cupboard where the cleaning supplies were stored.

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

The adult family home (AFH) did not ensure the date of the home's annual fire extinguisher inspection and/or purchase could be verified because there was no inspection tag or receipt available for review. AFH staff purchased a new fire extinguisher and provided the receipt to verify its date of purchase before the completion of the licensing inspection.

This document was prepared by Residential Care Services for the Locator website.

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

(3) The home must respect the resident's right to refuse to participate in emergency evacuation drills. However, the home must still demonstrate the ability to safely evacuate all residents doing the following:

(a) Documenting the resident's wish to refuse to participate in the negotiated care plan;

(b) Providing an estimate of the amount of time it would take to evacuate the resident and how they calculated this estimate in the negotiated care plan;

(c) Adding the estimated time to the time recorded on the emergency evacuation drill log after each drill to ensure the length of time to evacuate does not exceed five minutes; and

The adult family home (AFH) did not respect Resident 5's right to refuse to participate in emergency evacuation drills which delayed the length of their emergency evacuation drills beyond five minutes twice in the past year. Before the completion of the licensing inspection, the AFH Provider documented Resident 5's wish to refuse to participate in evacuation drills in Resident 5's negotiated care plan (NCP) with an estimate of the amount of time it would take to evacuate Resident 5 from the home.

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 (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

Enclosure

Plan **(Plan of Correction)**

This document was prepared by Residential Care Services for the Locator website.

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:
Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250
Lakewood, WA 98496

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

This document was prepared by Residential Care Services for the Locator website.