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

HERMINIA CULLA
HERMIES ADULT FAMILY HOME II
1321 SOUTH 90TH STREET
TACOMA, WA 98444

RE: HERMIES ADULT FAMILY HOME II License # 600700

Dear Provider:

This letter addresses Compliance Determination(s) 33658 (Completion Date 12/08/2023) and 31045 (Completion Date 10/13/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/08/2023 and found that you have corrected the violations listed in the Full report dated 10/13/2023. Your home is back in compliance as of 12/01/2023 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10050-2

The Department staff who did the on-site verification:
Gary Fuentebella, 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

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

Statement of Deficiencies	License #: 600700	Compliance Determination #31045
Plan of Correction	HERMIES ADULT FAMILY HOME II	Completion Date
Page 1 of 3	Licensee: HERMINIA CULLA	10/13/2023

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 10/13/2023 and 10/13/2023 of:
HERMIES ADULT FAMILY HOME II
1321 SOUTH 90TH STREET
TACOMA, WA 98444

The following sample was selected for review during the unannounced on-site visit: 0 of 0 current residents and 1 former residents.

The department staff that inspected the Adult Family Home:

Gary Fuentebella, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98498

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 — 10/17/2023 Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Statement of Deficiencies	License #: 600700	Compliance Determination # 31045
Plan of Correction	HERMIES ADULT FAMILY HOME II	Completion Date
Page 2 of 3	Licensee: HERMINIA CULLA	10/13/2023

Herminia Culla
Provider (or Representative)

10/18/2023
Date

WAC 388-76-10050 License Relinquishment.

(2) The home must relinquish its license if it has not provided care and services to residents for twenty-four months.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult family Home (AFH) failed to relinquish its license after not providing care and services for twenty-four (24) months. This failure placed future residents at risk for receiving care and services from a non-complaint AFH.

Findings included...

On 10/13/2023 at 9:55 AM, in an interview, the Provider opened the front door and stated they had not had any residents in the AFH since August 2021.

On 10/13/2023 at 10:00 AM, tour of the AFH revealed no residents in the AFH.

Record review of Former Resident 1's Progress Notes revealed Resident 1 was discharged from the AFH on [redacted]2021.

On 10/17/2023 at 10:23 AM, during telephone interview, the Provider verified that Former Resident 1 was the last resident in the AFH, and that Former Resident 1 was discharged on [redacted]/2023. The Provider stated that they were not aware of the regulation regarding license relinquishment if the AFH had not provided care to any resident for 24 months.

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, HERMIES ADULT FAMILY HOME II is or will be in compliance with this law and / or regulation on (Date) 12/01/2023

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

Statement of Deficiencies	License # 600700	Compliance Determination # 31045
Plan of Correction	HERMES ADULT FAMILY HOME II	Completion Date
Page 3 of 3	Licensee: HERMINIA CULLA	10/13/2023

Herminia Culla — Provider (or Representative)

10/18/2023 — Date

Plan of correction:
To admit resident(s) in compliance with the licensing laws and regulations as stated in the cited deficiency.
Hermees AFH II will be in compliance by 12/01/2023.

Herminia Culla
(Provider)
Date: 10/18/2023

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

10/17/2023

HERMINIA CULLA
HERMIES ADULT FAMILY HOME II
1321 SOUTH 90TH STREET
TACOMA, WA 98444

RE: HERMIES ADULT FAMILY HOME II # 600700

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/13/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

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 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

The Adult Family Home (AFH) staff had not been medically-cleared and fit-tested to use N-95 respirators. The AFH had a sufficient amount of personal protective equipment (PPE) and had no residents since August 2021.

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The Adult Family Home (AFH did not have a written succession plan. The Provider immediately wrote a plan and designated the Resident Manager (RM/Provider's husband) to be in charge of providing care and services in the AFH in the event the Provider was unable to do so, to correct the issue.

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

(2) The adult family home must conduct:

(c) Emergency evacuation drills even if there are no residents living in the home for the purpose of staff practice.

Review of the fire drill log showed the Adult Family Home (AFH) last conducted a fire drill on 08/01/2021 (twenty six [26] months ago). The Provider stated that they had not conducted an evacuation drill since the last resident they had was discharged in August 2021, and that they had no residents admitted since then. On 10/13/2023 the Provider immediately conducted an evacuation drill to correct the issue.

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)

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

Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600