



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

10/22/2024

Family First LLC
FAMILY FIRST
4700 Point Fosdick Drive NW Suite 312
GIG HARBOR, WA 98335-1706

RE: FAMILY FIRST # 605800

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 49287 (Completion Date 10/22/2024) and 45696 (Completion Date 08/22/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/22/2024 and found no deficiencies.

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

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

The Department staff who did the Off Site verification:

Emily Vincent, AFH Licenser

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

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 605800	Compliance Determination # 45696
Plan of Correction	FAMILY FIRST	Completion Date
Page 1 of 3	Licensee: Family First LLC	08/22/2024

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 08/14/2024 and 08/14/2024 of:

FAMILY FIRST
2904 138TH ST NW
GIG HARBOR, WA 98332

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Emily Vincent, AFH Licenser

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.

Staci Dily
Residential Care Services

IDR PM for Reg 3A

October 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.

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

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to ensure 1 of 6 AFH staff (Caregiver D) had a Washington (WA) state name and date of birth (DOB) background check before having unsupervised access to residents in the home. This failure placed all residents at risk of unsupervised access by a caregiver with a disqualifying criminal background.

Findings included...

On 08/14/2024 at 10:45 AM, observation showed Caregiver D working alone in the home, providing care to residents without supervision of another staff.

Review of AFH administrative records showed no personnel file or evidence of a WA state name and DOB background check result for Caregiver D.

Review of a background check result dated 05/08/2024, provided by the staffing agency that hired Caregiver D, showed the background check was run through WATCH (Washington Access to Criminal History) and furnished by the Washington State Patrol Identification and Criminal History Section. According to the WATCH background check result, Caregiver D had no criminal conviction record, but the WATCH background check result did not show the Department's OBRA registry results (Omnibus Budget Reconciliation Act, legislation passed by the United States Congress in 1987 to improve the quality of care provided by long-term care facilities and to enhance their residents' quality of life) to determine if Caregiver D had a finding of abuse, neglect, exploitation, or abandonment that would also disqualify Caregiver D from having unsupervised access to vulnerable adults in DSHS licensed facilities.

On 08/14/2024 at 1:15 PM, in an interview, the AFH Quality Assurance (QA) Manager said Caregiver D was hired by contract with a staffing agency. The QA Manager said they did not think the AFH ran a background check on Caregiver D through the

Department's Background Check Central Unit (BCCU), because they were under the impression that the staffing agency ran background checks on their own staff before the staff could work in contracted facilities.

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, FAMILY FIRST 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



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

AMENDED
10/24/2024

Family First LLC
FAMILY FIRST
4700 Point Fosdick Drive NW Suite 312
GIG HARBOR, WA 98335-1706

RE: FAMILY FIRST # 605800

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/22/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

You requested an Informal Dispute Resolution (IDR) review. The IDR review resulted in the enclosed amended Statement of Deficiencies.

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

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

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 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

The adult family home (AFH) did not ensure Resident 5's negotiated care plan (NCP) was completed and signed within 30 days of their admission to the AFH as required. Resident 5's representative signed their NCP, but over 30 days after Resident 5's admission to the AFH.

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

The adult family home (AFH) did not recognize that Resident 6's routine dosage of Levetiracetam (anti-seizure medication) was missing from Resident 6's medication bubble pack before a caregiver initialed that Resident 6 received the medication. As soon as AFH staff recognized the medication was not administered, they contacted the pharmacy and Resident 6 received their Levetiracetam later that day. The AFH documented the medication error and notified Resident 6's primary care provider of the error before completion of the licensing inspection.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

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

The adult family home (AFH) ensured Resident 5 and Resident 6 and/or their representatives reviewed the home's standardized Disclosure of Charges form and signed an acknowledgement statement before they moved into the home, but the home did not place a copy of the signed form in the residents' records. Before the completion of the licensing inspection, AFH staff ensured that Resident 5's and Resident 6's records had a signed copy of the home's standardized Disclosure of Charges form.

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 door to their laundry room where they stored their cleaning supplies, unlocked and wide open. Residents had not attempted to access the cleaning supplies and once they were made aware, AFH staff closed and locked the laundry room door.

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

The adult family home (AFH) did not ensure they had a sufficient supply of emergency drinking water to accommodate their licensed resident capacity and scheduled staff for 72 hours as required. Before the completion of the licensing inspection, AFH staff obtained additional emergency drinking water to ensure they met the water supply requirement for their resident capacity and scheduled staff.

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-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

The adult family home (AFH) did not ensure the first aid training taken by Caregiver A, met Occupational Safety and Health Administration (OSHA) guidelines to include a hands-on training component in addition to the online training. Caregiver A completed a

first aid course that met OSHA guidelines before the completion of the licensing inspection.

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:

(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.

(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 .

The adult family home (AFH) did not ensure Caregiver D completed a half (0.5) hour of safe food handling continuing education (CE) before their birthday in 2023, or had a valid Washington (WA) state food worker card before handling residents' food in the home. AFH staff ensured Caregiver D completed the WA state food worker card training before the completion of the licensing inspection.

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:

- Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

- Please contact me at (253)983-3826.

Sincerely,

Staci Dily IDR PM, for Lisa Cramer Reg 3A

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