STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501***

L'ARCHE TAHOMA HOPE COMMUNITY
HOPESPRING
12319 36TH AVE E
TACOMA, WA 98446

RE: HOPESPRING License # 61700

Dear Provider:

This letter addresses Compliance Determination(s) 36128 (Completion Date 02/06/2024) and 28773 (Completion Date 01/18/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/06/2024 and found that you have corrected the violations listed in the Complaint report dated 01/18/2024. Your home is back in compliance as of 01/29/2024 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 388-76-10200-1

The Department staff who did the on-site verification:
Alexander Ulbrickson, NCI AFH Complaint Investigator

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Field Manager
Region 3, Unit G
Residential Care Services

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** HOPESPRING
**Provider Type:** Adult Family Home
**License/Cert.#:** 61700
**Compliance Determination #:** 28773
**Intake ID:** 92995
**Investigator:** Alexander Ulbrickson
**Region/Unit #:** RCS Region 3 / Unit G
**Investigation Date(s):** 08/31/2023 through 01/18/2024
**Complainant Contact Date(s):** 01/19/2024, 08/31/2023

**Allegation(s):**

1. Unqualified Personnel - The adult family home (AFH) allowed non-staff to escort the Named Resident (NR) and act as one to one staff. The non-staff members did not have background checks and were left alone with residents. The reporter was used as caregiver staff when they weren't qualified to be caregiver staff and was left for extended periods of time with residents without knowing their care needs.

2. Quality of Care/Treatment - The NR was supposed to use a walker, but did not use it when they went with unqualified staff. who were unware of the need for a walker. Non-staff members come to the AFH even though they don't work at the AFH anymore. There was a safety concern for residents due to the unqualified staff members being at the AFH.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 3<br>Resident sample size: 3<br>Closed records sample size: 0 |
| **Observations:** | Environment, care and services, staff interactions with residents. |
| **Interviews:** | NR, three Other Residents (OR), AFH Provider, AFH staff. |
| **Record Reviews:** | Assessments, negotiated care plans (NCP), medication administration record (MAR), progress notes, personnel records. |

**Investigation Summary:**

1. Unqualified Personnel - The AFH administrator stated that due to a staffing crisis that non-caregiver staff would sometimes be left with residents. The AFH administrator stated they or caregivers would be available by phone to come provide care if a resident required it. Failed practice was identified.

The AFH allowed former staff to visit residents and for others to come to the AFH. The AFH administrator denied that non-staff would be left alone with residents if they did not have a background check. AFH staff denied they would let someone without a

background check be alone with AFH residents. The NR was not a resident of the AFH, but when interviewed had no care concerns. The AFH background checks appeared to be in order. There was insufficient evidence to support failed practice.

2. Quality of Care/Treatment - The AFH allowed former staff to visit residents and for others to come to the AFH. The AFH administrator denied that non-staff would be left alone with residents if they did not have a background check. AFH staff denied they would let someone without a background check be alone with AFH residents. The NR was not a resident of the AFH, but when interviewed had no care concerns. The AFH background checks appeared to be in order. There was insufficient evidence to support failed practice.

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**Conclusion / Action:**

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** HOPESPRING
**Provider Type:** Adult Family Home
**License/Cert.#:** 61700
**Compliance Determination #:** 28773
**Intake ID:** 93901
**Investigator:** Alexander Ulbrickson
**Region/Unit #:** RCS Region 3 / Unit G
**Investigation Date(s):** 08/31/2023 through 01/18/2024
**Complainant Contact Date(s):** 01/19/2024, 08/31/2023

**Allegation(s):**

1. Unqualified Personnel - The reporter was left alone with residents for hours each week and provide coverage for caregiver staff despite not being qualified as a caregiver. Other non-caregiver staff at the AFH were also left alone with residents at the AFH. An AFH staff member had a boyfriend who was left alone with residents and they didn't have a background check. The AFH did not have current background checks on volunteers or staff.

2. Resident/Patient/Client Rights - The reporter was left alone with residents for hours each week and provide coverage for caregiver staff despite not being qualified as a caregiver. The Named Resident (NR) was taken to the hospital and the reporter was afraid that something bad would happen when they were left alone with residents. Other non-caregiver staff at the AFH were also left alone with residents at the AFH. An AFH staff member had a boyfriend who was left alone with residents and they didn't have a background check. The AFH did not have current background checks on volunteers or staff.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 3<br>Resident sample size: 3<br>Closed records sample size: 0 |
| **Observations:** | Environment, care and services, staff interactions with residents. |
| **Interviews:** | NR, two Other Residents (OR), AFH Provider, AFH staff. |
| **Record Reviews:** | Assessments, negotiated care plans (NCP), medication administration record (MAR), progress notes, incident logs, personnel records. |

**Investigation Summary:**

1. Unqualified Personnel - The AFH administrator stated that due to a staffing crisis that non-caregiver staff would sometimes be left with residents. The AFH administrator stated they or caregivers would be available by phone to come provide care if a resident required it. Failed practice was identified.

The AFH administrator denied that non-staff would be left alone with residents if they did not have a background check. AFH staff denied they would let someone without a background check be alone with AFH residents. The NR was not a resident of the AFH, but when interviewed had no care concerns. The AFH background checks appeared to be in order. There was insufficient evidence to support failed practice.

2. Resident/Patient/Client Rights - The NR had a detailed plan for their medical concerns and the AFH documented their medical issues. The NR was sent to the hospital as needed in consultation with their physician. The AFH allowed former staff to visit residents and for others to come to the AFH, but the AFH administrator and AFH staff denied anyone without a background check would be left alone with residents. The AFH background checks appeared to be in order. The NR denied care concerns at the AFH. The OR denied care concerns at the AFH. There was insufficient evidence to support failed practice.

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**Conclusion / Action:**

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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| | | |
|---|---|---|
| Statement of Deficiencies | License #: 61700 | Compliance Determination # 28773 |
| Plan of Correction | HOPESPRING | Completion Date |
| Page 1 of 4 | Licensee: L'ARCHE TAHOMA HOPE COMMUNITY | 01/18/2024 |

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 an unannounced on-site complaint investigation on 08/31/2023 and 01/18/2024 of:

HOPESPRING
12319 36TH AVE E
TACOMA, WA 98446

This document references the following complaint number(s): 92995, 93901, 94217

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

The department staff that investigated the Adult Family Home:

Alexander Ulbrickson, NCI AFH Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Jennifer LeMaster
Residential Care Services

01/24/2024
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.

Provider (or Representative) Date

**WAC 388-76-10200 Adult family home Staff Availability Contact information. In addition to other licensing requirements for staff availability, the adult family home must:**

(1) Ensure at least one qualified caregiver is present in the home whenever one or more residents are present in the home, except as provided in subsection (2). For purpose of this subsection, a qualified caregiver means someone who has completed orientation and basic training as required by chapter 388-112A WAC;

**This requirement was not met as evidenced by:**

Based on interview and record review, the adult family home (AFH) failed to ensure that at least one qualified caregiver was present in the home when there were one or more residents in the home for 3 of 3 residents (Resident 1 [R1], Resident 2 [R2], and Resident 3 [R3]). This failure placed all residents at risk of not receiving needed care.

Findings included...

R1
On 08/31/2023 at 12:24 PM a review of R1's assessment dated 04/11/2023 showed they needed extensive support if mood issues were present. The assessment showed R1 required assistance with medications. The assessment showed R1 needed caregiver assistance after bowel movements and required caregiver assistance with communication due to difficulty being understood. The assessment showed that R1 required much assistance with medications. The assessment showed R1 required one person assist for ambulation, transfers, toileting, dressing, hygiene, and bathing.

On 08/31/2023 at 3:12 PM a review of R1's Medication Administration Record (MAR) showed they had medications that could be given on an as needed basis for behavioral concerns. The MAR also had specific instructions on giving and not giving certain medications for caregivers.

On 09/04/2023 at 1:28 PM a review of R1's negotiated care plan (NCP) showed R1 was vulnerable with individuals they did not know well. The NCP showed that "it was very important to be familiar with" the behavioral and mental health support section for R1 due to their behavioral concerns. The NCP showed R1 was a fall risk and had specific instructions to staff for providing support for R1's ambulation and transfers. The NCP showed R1 had regular falls and other medical concerns requiring staff intervention. The NCP showed specific instructions for R1's emotional and physical requirements and boundaries that staff would need to be familiar with in order to provide care. The NCP showed specific instructions with examples for interacting with R1 when they had

behavioral concerns, requiring staff members to be familiar with R1's NCP.

R2
On 08/31/2023 at 1:06 PM a review of R2's assessment dated 03/13/2023 showed R2 preferred personal care from those they were familiar with and required partial physical assistance for toileting, dressing, and eating. R2's assessment showed they needed assistance for balance, support, and navigating spaces and visual support and cues on where to go. R2's assessment showed they were legally blind and had a history of seizures. R2's assessment showed they had behaviors such as being easily irritable/agitated requiring intervention, extreme/rapid mood swings and could be resistive to care. R2's assessment showed they required one person assistance for ambulation, transfers, eating, toileting, dressing, hygiene, and bathing.

On 09/04/2023 at 1:28 PM A review of R2's NCP showed R2 had occasional violent outbursts and aggression. R2's NCP showed they were often unbalanced and frequently fell or tripped over furniture. The NCP provided specific instructions for avoiding falls. R2's NCP had specific instructions on their food choices and which foods should be limited due to their medical concerns. R2's NCP showed that in emergency situations R2 would require careful handling due to them likely having difficulty with the situation. The NCP showed specific instructions with examples for interacting with R2 when they had behavioral concerns, requiring staff members to be familiar with R1's NCP.

R3
On 08/31/2023 at 1:07 PM a review of R3's assessment dated 07/12/2023 showed they required partial assistance with daily activities. R3's assessment showed they needed others to intervene and remind them to ask for help. R3's assessment showed they required assistance with medications and behavioral concerns requiring staff intervention, such as hoarding, inappropriate verbal noises that cause distress to others, and repetitive physical movement/pacing. R3's assessment showed they needed one person assistance for hygiene.

On 08/31/2023 at 3:12 PM a review of R3's MAR showed they had multiple as needed medications they received for pain and for anxiety, requiring staff to administer them as they required assistance with medications per their assessment.

On 09/04/2023 at 1:28 PM a review of R3's NCP showed they were on a specialized diet and could have strong emotional reactions. R3's NCP showed a list of instructions for staff to intervene for their behavioral concerns. This would require staff to be familiar with R3's NCP.

In an interview on 08/31/2023 at 4:23 PM, the AFH Administrator (AA) stated that due to an ongoing staffing crisis that residents in the AFH would sometimes be left with non-caregiver staff. The AA stated that themselves or an AFH caregiver would be available by phone and come to the AFH as needed if the staff left at the AFH did not have caregiver training, but that in an emergency all AFH staff were trained on emergency procedures.

| Statement of Deficiencies | License #: 61700 | Compliance Determination # 28773 |
|---|---|---|
| Plan of Correction | HOPESPRING | Completion Date |
| Page 4 of 4 | Licensee: L'ARCHE TAHOMA HOPE COMMUNITY | 01/18/2024 |

**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, HOPESPRING is or will be in compliance with this law and / or regulation on (Date) 1-29-2024 .

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

Provider (or Representative) 1-29-2024 Date

# Plan of Correction

| **Agency Name** | **Citation Date** |
|---|---|
| L'Arche Tahoma Hope – Hopespring #61700 | 1/18/24 |
| **Submitted by** | **Date of POC Submission** |
| Katie Miyakado | 1/29/24 |
| x **Complaint Citation** ☐ **Certification Citation** | |

CD 28773

| **Citation: (list WAC)** | |
|---|---|
| What *initial or immediate actions* were taken to address concerns affecting clients? | **Describe the *initial or immediate actions* taken** to achieve compliance in the area subject to the complaint/certification citation. This should include initial actions taken to ensure the health and safety of the clients who were the subject of the citation.<br><br>Due to our chronic short staffing crisis we did not ensure that one qualified caregiver was present in the home while one or more residents were present. However, they did have all basic safety and orientation training (Background checks, CPR/First Aid, etc). Since then we have been able to hire enough qualified caregivers and in the interim hired a Temporary Staffing Agency, Family Home Resource. As you will see by our schedule and credentials of all current staff, we have successfully staffed our home to meet all the needs of our clients living in that home, according to their care plans. |
| How will you apply the correction to all clients you support? | **System or Operational Changes:** How will you review/apply needed changes to all clients or households.<br><br>We have successfully hired qualified caregivers to meet the needs of our clients living in the home. We will not leave staff without appropriate credentials to be alone with our clients. We have also hired the temporary staffing agency to fill our gaps if there were ever some again. In the future we will look into amplifying current staff's job descriptions to acquiring the correct credentials to give care for our clients if we were in a staffing crisis again. |
| Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur? | List the name(s) and/or title(s) of the person who will be responsible to implement the change and who will be responsible to ensure ongoing compliance with this change? Where possible, a second person should be responsible for ongoing oversight?<br><br>Teresa Hershberger – Residential Director, hiring new staff with correct credentials<br>Brittni Grace – Care Coordinator, making sure all care plans are up to date<br>Hayden Hubbs – Residential Coordinator, scheduling staff to make sure they have right credentials |