STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

WHISPERING CREEK INC

WHISPERING CREEK INC
444 129TH PL NE
BELLEVUE, WA 98005

RE: WHISPERING CREEK INC License # 619201

Dear Provider:

This letter addresses Compliance Determination(s) 49722 (Completion Date 11/05/2024) and 45401 (Completion Date 09/04/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/05/2024 and found that you have corrected the violations listed in the Full report dated 09/04/2024. Your home is back in compliance as of 10/14/2024 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 388-76-10015-1, WAC 388-76-10146-3, WAC 388-76-10146-3-a, WAC 388-76-10146-2, WAC 388-76-10146-2-a, WAC 388-76-10146-2-b, WAC 388-76-10146-2-c, WAC 388-76-10146-2-d, WAC 388-76-10146-2-e, WAC 388-76-10463-3, WAC 388-76-10490-1, WAC 388-76-10530-2, WAC 388-76-10585-1-a, WAC 388-76-10650-2-a, WAC 388-76-10650-2-c, WAC 388-76-10650-2-d

The Department staff who did the on-site verification:
Jimmie Jordan, NCI

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown

Alfredo Brown, Field Manager
Region 2, Unit K

Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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

WHISPERING CREEK INC
444 129TH PL NE
BELLEVUE, WA 98005

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:

Jimmie Jordan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Alfredo Brown
Residential Care Services

09/06/2024
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.

Statement of Deficiencies	License # 619201	Compliance Determination # 45401
Plan of Correction	WHISPERING CREEK INC	Completion Date
Page 2 of 10	Licensee: WHISPERING CREEK INC	09/04/2024

Provider (or Representative) 09/14/2024 Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW: and

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to comply with the laws and regulations as required for respiratory protection by failing to provide a written Respiratory Protection Program (RPP), medical evaluation, fit-testing, and training for use of respirator for 5 of 5 staff (Staff A (Provider), Staff B (Resident Manager), Staff C (Caregiver), Staff D (Caregiver), and Staff E (Caregiver)). The AFH failed to obtain a medical test site waiver license (MTSW) to collect and interpret COVID-19 (an infectious disease caused by the SARS-CoV-2 virus) home test kits for 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6). Failure to implement an RPP and to obtain a MTSW placed AFH staff and residents at risk for exposure to an infectious respiratory illness and risk for unmet care needs by unqualified caregivers.

Findings included...

NOTE: Washington Department of Labor and Industries (L&I) Washington Administrative Code (WAC) 296-842 requires employers to implement a written respiratory protection program (RPP) any time respirators are used in the workplace. The RPP must include specific elements, including medical clearance approval to wear a respirator, initial and annual fit testing, annual training, record keeping, written program, designated administrator, and identification of respiratory hazards in the workplace. COVID-19 is a respiratory hazard that requires employees to wear fit tested filtering facepiece respirators for protection and to prevent the spread of infection to residents. The COVID-19 virus can result in grave illness, disability, and death. Employers have an obligation to protect their employees from hazards in the workplace (General Duty WAC 296-126-094) and a duty to prevent the spread of infection to residents in their facility.

NOTE: Review of Washington (WA) State Department of Social and Health Services, "Dear Provider" letter dated 04/01/2022, titled "Medical Test Site Waiver Regulatory Requirements", showed certain types of medical testing require a state Medical Test Site Waiver (MTSW) license. One type of activity requiring a MTSW license is testing residents for COVID-19. Other types of medical testing requiring a MTSW license include, but are not limited to, blood glucose tests and urine tests."

Respiratory Protection Plan

Provider (or Representative) Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to comply with the laws and regulations as required for respiratory protection by failing to provide a written Respiratory Protection Program (RPP), medical evaluation, fit-testing, and training for use of respirator for 5 of 5 staff (Staff A (Provider), Staff B (Resident Manager), Staff C (Caregiver), Staff D (Caregiver), and Staff E (Caregiver)). The AFH failed to obtain a medical test site waiver license (MTSW) to collect and interpret COVID-19 (an infectious disease caused by the SARS-CoV-2 virus) home test kits for 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6). Failure to implement an RPP and to obtain a MTSW placed AFH staff and residents at risk for exposure to an infectious respiratory illness and risk for unmet care needs by unqualified caregivers.

Findings included…

NOTE: Washington Department of Labor and Industries (L&I) Washington Administrative Code (WAC) 296-842 requires employers to implement a written respiratory protection program (RPP) any time respirators are used in the workplace. The RPP must include specific elements, including medical clearance approval to wear a respirator, initial and annual fit testing, annual training, record keeping, written program, designated administrator, and identification of respiratory hazards in the workplace. COVID-19 is a respiratory hazard that requires employees to wear fit tested filtering facepiece respirators for protection and to prevent the spread of infection to residents. The COVID-19 virus can result in grave illness, disability, and death. Employers have an obligation to protect their employees from hazards in the workplace (General Duty WAC 296-126-094) and a duty to prevent the spread of infection to residents in their facility.

NOTE: Review of Washington (WA) State Department of Social and Health Services, “Dear Provider” letter dated 04/01/2022, titled “Medical Test Site Waiver Regulatory Requirements”, showed certain types of medical testing require a state Medical Test Site Waiver (MTSW) license. One type of activity requiring a MTSW license is testing residents for COVID-19. Other types of medical testing requiring a MTSW license include, but are not limited to, blood glucose tests and urine tests.”

Respiratory Protection Plan

Review of the AFH's administrative records, on 08/08/2024, showed no written RPP policy.

Record review of the AFH personnel files, on 08/08/2024, showed no records for medical clearance, and fit testing for Staff A, Staff B, Staff C, Staff D, and Staff E. There were no records available to show the AFH had completed the training for donning/doffing a N-95 respirator.

During an interview, on 08/08/2024 at 9:45 AM, Staff A stated that they were unaware of the requirement to develop and implement an RPP. Staff A stated that they did not recall receiving the "Dear Provider" letter regarding the requirement to develop and implement a RPP for the AFH.

Medical Test Site Waiver
Observation, on 08/08/2024 at 9:43 AM, showed a box filled with several rapid antigen COVID test kits (detects certain proteins in the COVID-19 virus) in the laundry room and in the outdoor storage shed.

During an interview, on 08/08/2024 at 9:43 AM, Staff A stated that the AFH does not have a MTSW license in place. Staff A stated that they were unaware of the MTSW license requirement. Staff A stated that, when necessary, the AFH staff conducted rapid antigen COVID tests for the residents when symptoms appear.

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, WHISPERING CREEK INC is or will be in compliance with this law and / or regulation on (Date) 10/14/2024

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

Provider (or Representative) — Date: 09/14/2024

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:

(a) Orientation and safety;

(b) Basic;

Review of the AFH's administrative records, on 08/08/2024, showed no written RPP policy.

Record review of the AFH personnel files, on 08/08/2024, showed no records for medical clearance, and fit testing for Staff A, Staff B, Staff C, Staff D, and Staff E. There were no records available to show the AFH had completed the training for donning/doffing a N-95 respirator.

During an interview, on 08/08/2024 at 9:45 AM, Staff A stated that they were unaware of the requirement to develop and implement an RPP. Staff A stated that they did not recall receiving the "Dear Provider" letter regarding the requirement to develop and implement a RPP for the AFH.

Medical Test Site Waiver
Observation, on 08/08/2024 at 9:43 AM, showed a box filled with several rapid antigen COVID test kits (detects certain proteins in the COVID-19 virus) in the laundry room and in the outdoor storage shed.

During an interview, on 08/08/2024 at 9:43 AM, Staff A stated that the AFH does not have a MTSW license in place. Staff A stated that they were unaware of the MTSW license requirement. Staff A stated that, when necessary, the AFH staff conducted rapid antigen COVID tests for the residents when symptoms appear.

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, WHISPERING CREEK INC 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:

(a) Orientation and safety;

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs,

(d) Cardiopulmonary resuscitation and first aid, and

(e) Continuing education

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC

(a) Until March 1, 2016, a provisional home-care aide certification may be issued by the department of health to a long-term care worker who is limited English proficient

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 5 staff (Staff D, Caregiver) providing care to residents met certification requirements, specifically, obtained the home care aide certification. This placed Residents 1, 2, 3, 4, 5 and 6 at risk for receiving care from an unqualified caregiver.

Findings included...

Review of the AFH personnel records showed Staff D had a Nursing Assistant Registration (NAR) first issued 01/27/2023. An Orientation Checklist showed that Staff D's date of hire was 10/06/2021.

During an interview on, 08/08/2024 at 4:15 PM, Staff A, Provider, stated that they thought the NAR was enough for Staff D due to the Nurse Delegation 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, WHISPERING CREEK INC is or will be in compliance with this law and / or regulation on (Date) 10/14/2024

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

Provider (or Representative) 09/14/2024 Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed.

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

(a) Until March 1, 2016, a provisional home-care aide certification may be issued by the department of health to a long-term care worker who is limited English proficient.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 5 staff (Staff D, Caregiver) providing care to residents met certification requirements, specifically, obtained the home care aide certification. This placed Residents 1, 2, 3, 4, 5 and 6 at risk for receiving care from an unqualified caregiver.

Findings included…

Review of the AFH personnel records showed Staff D had a Nursing Assistant Registration (NAR) first issued 01/27/2023. An Orientation Checklist showed that Staff D's date of hire was 10/06/2021.

During an interview on, 08/08/2024 at 4:15 PM, Staff A, Provider, stated that they thought the NAR was enough for Staff D due to the Nurse Delegation 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, WHISPERING CREEK INC 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 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

Statement of Deficiencies	License # 610201	Compliance Determination # 45401
Plan of Correction	WHISPERING CREEK INC	Completion Date
Page 5 of 10	Licensee WHISPERING CREEK INC	09/04/2024

This requirement was not met as evidenced by:

Based on observation and record review, the Adult Family Home (AFH), failed to include strategies, environmental modifications, and staff behaviors for symptoms of prescribed psychopharmacologic medications (medications used to treat mental health conditions) for 1 of 2 residents (Resident 2) in their negotiated care plan (NCP). This failure placed Resident 2 at risk of harm due to unmet mental health care needs.

Findings included:

Review showed the AFH admitted Resident 2 on [redacted]/2022, with multiple [redacted] diagnoses.

Observation on 08/08/2024 at 1:35 PM, showed Resident 2's medication bin contained Sertraline HCL (medication for depression), 50 milligrams (mg), by mouth daily and Quetiapine Fumarate (medication for behaviors) 25mg, by mouth at bedtime.

Review of Resident 2's NCP, updated 03/07/2024, showed no strategies, environmental modifications, or directions on staff behaviors in response to symptoms of Resident 2's behaviors or depression for which the mental and mood disorder medications were prescribed.

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, WHISPERING CREEK INC is or will be in compliance with this law and / or regulation on (Date) 10/14/2024

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

Provider (or Representative) — Date: 09/14/2024

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to develop a Medication Disposal Policy and failed to dispose of unused or expired medications for 2 of 2 sampled residents (Resident 1 and Resident 2). This failure

This requirement was not met as evidenced by:

Based on observation and record review, the Adult Family Home (AFH), failed to include strategies, environmental modifications, and staff behaviors for symptoms of prescribed psychopharmacologic medications (medications used to treat mental health conditions) for 1 of 2 residents (Resident 2) in their negotiated care plan (NCP). This failure placed Resident 2 at risk of harm due to unmet mental health care needs.

Findings included…

Review showed the AFH admitted Resident 2 on [redacted]/[redacted]/2022, with multiple [redacted] diagnoses.

Observation on 08/08/2024 at 1:35 PM, showed Resident 2's medication bin contained Sertraline HCL (medication for depression), 50 milligrams (mg), by mouth daily and Quetiapine Fumarate (medication for behaviors) 25mg, by mouth at bedtime.

Review of Resident 2's NCP, updated 03/07/2024, showed no strategies, environmental modifications, or directions on staff behaviors in response to symptoms of Resident 2's behaviors or depression for which the mental and mood disorder medications were prescribed.

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, WHISPERING CREEK INC 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 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to develop a Medication Disposal Policy and failed to dispose of unused or expired medications for 2 of 2 sampled residents (Resident 1 and Resident 2). This failure

placed Resident 1 and Resident 2 at risk for medication errors.

Findings included .

Record review of Resident 1's August 2024 Medication Log showed an order on 11/17/2022 for Vitamin D3 (medication for dietary supplement) 1000 International units (IU) by mouth daily.

A joint observation, on 08/08/2024 at 2:40 PM, with Staff A, Provider, showed Resident 1's medication supply of Vitamin D3 expired June 2024.

Record review of Resident 2's August 2024 Medication Log showed an order on 05/19/2023 for Albuterol HFA Inhaler (medication for shortness of breath) 2 puffs by mouth every 6 hours as needed. Review of Resident 2's June 2024 Medication Log showed an Initial (indicating Resident 2 received the medication) on 06/10/2024.

A joint observation, on 08/08/2024 at 1:25 PM, with Staff A showed Resident 2's medication supply of Albuterol HFA Inhaler expired 05/21/2024.

During an interview on 08/08/2024 at 1:35 PM, Staff A stated that they don't have a Medication Disposal Policy for expired or discontinued medications, but they will create a policy. Staff A stated that the AFH Admission Agreement covered discontinued medications or when the resident no longer resided at the AFH. Staff A stated that it didn't make sense to give an expired medication to a resident, but that they should toss them.

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, WHISPERING CREEK INC is or will be in compliance with this law and / or regulation on (Date) 10/14/2024

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

Provider (or Representative) 09/14/2024 Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed

placed Resident 1 and Resident 2 at risk for medication errors.

Findings included…

Record review of Resident 1's August 2024 Medication Log showed an order on 11/17/2022 for Vitamin D3 (medication for dietary supplement) 1000 international units (IU) by mouth daily.

A joint observation, on 08/08/2024 at 2:40 PM, with Staff A, Provider, showed Resident 1's medication supply of Vitamin D3 expired June 2024.

Record review of Resident 2's August 2024 Medication Log showed an order on 05/19/2023 for Albuterol HFA Inhaler (medication for shortness of breath) 2 puffs by mouth every 6 hours as needed. Review of Resident 2's June 2024 Medication Log showed an initial (indicating Resident 2 received the medication) on 06/10/2024.

A joint observation, on 08/08/2024 at 1:25 PM, with Staff A showed Resident 2's medication supply of Albuterol HFA Inhaler expired 05/21/2024.

During an interview on 08/08/2024 at 1:35 PM, Staff A stated that they don't have a Medication Disposal Policy for expired or discontinued medications, but they will create a policy. Staff A stated that the AFH Admission Agreement covered discontinued medications or when the resident no longer resided at the AFH. Staff A stated that it didn't make sense to give an expired medication to a resident, but that they should toss them.

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, WHISPERING CREEK INC 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.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed

and dated copy of both the notice of rights and services and the acknowledgement in the resident's record

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the resident representative for 1 of 2 sampled residents (Resident 2) had signed and dated the Notice of Services (Admission Agreement) at least once every twenty-four months. This failure placed Resident 2 and their representative at risk of not being aware of the rules of the home, resident rights, the care and services available in the home, and the charges associated with the care services.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]2022 with multiple [redacted] diagnoses. Resident 2's Admission Agreement was signed and dated by their representative on 03/09/2022.

During an interview on 08/08/2024 at 1:00 PM, Staff A, Provider, stated that they didn't have the resident representative sign the Notice of Rights and Services in March 2024 because they didn't know that it needed to be signed every twenty-four 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, WHISPERING CREEK INC is or will be in compliance with this law and / or regulation on (Date) 10/24/2024

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

Provider (or Representative) _____ Date 09/14/2024

WAC 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(a) The most recent inspection report, any related follow-up reports, and related cover letters, and

This requirement was not met as evidenced by:

and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the resident representative for 1 of 2 sampled residents (Resident 2) had signed and dated the Notice of Services (Admission Agreement) at least once every twenty-four months. This failure placed Resident 2 and their representative at risk of not being aware of the rules of the home, resident rights, the care and services available in the home, and the charges associated with the care services.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2022 with multiple [redacted] diagnoses. Resident 2's Admission Agreement was signed and dated by their representative on [redacted]/2022.

During an interview on 08/08/2024 at 1:00 PM, Staff A, Provider, stated that they didn't have the resident representative sign the Notice of Rights and Services in March 2024 because they didn't know that it needed to be signed every twenty-four 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, WHISPERING CREEK INC 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 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(a) The most recent inspection report, any related follow-up reports, and related cover letters; and

This requirement was not met as evidenced by:

Statement of Deficiencies	License # 619201	Compliance Determination # 45401
Plan of Correction	WHISPERING CREEK INC	Completion Date
Page 6 of 10	Licensee: WHISPERING CREEK INC	09/04/2024

Based upon observation and interview, the adult family home (AFH) failed to post a copy of the most recent full inspection report in a visible location that anyone could review without having to ask for it. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) at risk of not being informed about the home's compliance to the regulations.

Findings included:

Review of the department's records showed the AFH received full inspection on 11/14/2019 resulting in failed practices.

During the home tour on 08/08/2024 at 10:42 AM, observation showed a glass covered wooden picture frame hanging on the wall by the front entrance. Behind the glass covering, attached to the wooden frame by thumbtacks were documents several documents posted. The cover page to the 11/14/2019 Full Inspection was inside the wooden frame behind the glass covering. No documents could be retrieved from the wooden picture frame without removing the frame from the wall, and then removing the back of the frame. The cover sheet for the 11/14/2019 Full Inspection was posted inside the wooden frame behind the glass covering. Staff A, Provider, retrieved a binder from an office located next to the kitchen which had the 11/14/2019 Full Inspection Report.

In an interview on 08/08/2024 at 10:42 Staff A stated that they thought that the office was a common area.

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, WHISPERING CREEK INC is or will be in compliance with this law and / or regulation on (Date) 10/14/2024

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

Provider (or Representative) 09/14/2024 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;

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

Based upon observation and interview, the adult family home (AFH) failed to post a copy of the most recent full inspection report in a visible location that anyone could review without having to ask for it. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) at risk of not being informed about the home's compliance to the regulations.

Findings included…

Review of the department's records showed the AFH received full inspection on 11/14/2019 resulting in failed practices.

During the home tour on 08/08/2024 at 10:42 AM, observation showed a glass covered wooden picture frame hanging on the wall by the front entrance. Behind the glass covering, attached to the wooden frame by thumbtacks were documents several documents posted. The cover page to the 11/14/2019 Full Inspection was inside the wooden frame behind the glass covering. No documents could be retrieved from the wooden picture frame without removing the frame from the wall, and then removing the back of the frame. The cover sheet for the 11/14/2019 Full Inspection was posted inside the wooden frame behind the glass covering. Staff A, Provider, retrieved a binder from an office located next to the kitchen which had the 11/14/2019 Full Inspection Report.

In an interview on 08/08/2024 at 10:42 Staff A stated that they thought that the office was a common area.

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, WHISPERING CREEK INC 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 388-76-10650 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;

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

(d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have an assessment in place for [redacted] that identified the resident's ability to safely use a medical device with a known safety risk, documentation on the Negotiated Care Plan (NCP) on how [redacted] would be used, and instructions on how to properly install the [redacted] for 1 of 2 sampled residents (Residents 2). This failure placed Resident 2 at risk for injury from improper use of the medical device.

Findings included…

NOTE: Washington (WA) State Department of Social and Health Services "May 15, 20213 AFH 'Dear Provider' Letters," was issued to AFH providers related to the safety risks associated with the use of all medical devices, including transfer poles, Posey or lap belts, and side bed rails. The letter stated, "Potential risks of medical devices may include strangling, suffocating, bodily injury, skin bruising, cuts, scrapes, agitation, feeling isolated or unnecessarily restricted."

Note: Washington (WA) State Department of Social and Health Services "Dear Provider" letter dated 10/12/2016 titled "Medical Device Requirements" stated, "the resident's negotiated care plan must also include how the resident will use the device." The provider letter added, "in addition to the resident assessment identifying the resident's need for the medical device, the resident must also be assessed for the ability to safely use the device."

A joint observation with Staff A, Provider, on 08/08/2024 at 10:55 AM, showed Resident 2 had a white [redacted] in their closet.

Record review of Resident 2's Assessment reviewed 03/07/2024 showed a diagnosis of [redacted] ([redacted]) and [redacted]. The Assessment showed Resident 2 was "able to turn or reposition but requires help to guide limbs in order to turn or reposition". The Assessment showed "[redacted]" was not checked under Special Equipment. The Assessment showed no information about Resident 2's ability to safely use the [redacted].

Record review of Resident 2's Negotiated Care Plan (NCP) signed 03/07/2024 showed the NCP contained no information on how the resident would use the [redacted] while in the bed. Resident 2's NCP contained no information on instructions to caregivers on when the [redacted] should be installed on or removed from the resident's bed.

In an interview, on 08/08/2024 at 11:45 AM, Staff A stated that the caregivers place the [redacted] on Resident 2's bed in the evening by placing it under the mattress, and they

Statement of Deficiencies	License # 619201	Compliance Determination # 45401
Plan of Correction	WHISPERING CREEK INC	Completion Date
Page of 10	Licensee: WHISPERING CREEK INC	09/04/2024

remove the [redacted] during the day. Staff A stated that Resident 2 used the [redacted] for mobility. Staff A stated that they could not locate any instructions on how the caregivers were to properly install the [redacted]

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, WHISPERING CREEK INC is or will be in compliance with this law and / or regulation on (Date) 10/14/2024

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

Provider (or Representative) 09/14/2024 Date

remove the [redacted] during the day. Staff A stated that Resident 2 used the [redacted] for mobility. Staff A stated that they could not locate any instructions on how the caregivers were to properly install the [redacted].

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, WHISPERING CREEK INC 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