STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

RICHARD WEAVER
COTTONWOOD ADULT CARE
27214 N COTTONWOOD RD
CHATTAROY, WA 99003

RE: COTTONWOOD ADULT CARE License # 630100

Dear Provider:

This letter addresses Compliance Determination(s) 33868 (Completion Date 12/13/2023) and 31354 (Completion Date 10/30/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/13/2023 and found that you have corrected the violations listed in the Full report dated 10/30/2023. Your home is back in compliance as of 11/20/2023 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 388-76-10015-1, WAC 388-76-10285-2, WAC 388-76-10280-1, WAC 388-76-10176, WAC 388-76-10176-1, WAC 388-76-10176-2, WAC 388-76-10198-2-a, WAC 388-76-10198-4

The Department staff who did the off-site verification:
Valorie Bradley, AFH/ALF Licensor

If you have any questions, please contact me at (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 630100	Compliance Determination # 31354
Plan of Correction	COTTONWOOD ADULT CARE	Completion Date
Page 1 of 6	Licensee: RICHARD WEAVER	10/30/2023

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 10/19/2023 and 10/19/2023 of:
COTTONWOOD ADULT CARE
27214 N COTTONWOOD RD
CHATTAROY, WA 99003

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

The department staff that inspected the Adult Family Home:

Valorie Bradley, AFH/ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Tamara Tredo
Residential Care Services

11/14/2023
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 #: 630100	Compliance Determination # 31354
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Page 2 of 6	Licensee: RICHARD WEAVER	10/30/2023

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:

WAC 296-842-12005

Develop and maintain a written program.

(1) Develop a complete worksite-specific written respiratory protection program that includes the applicable elements listed in Table 3. The program must: cover each employee required by this section to use a respirator.

Based on interview and record review, the Adult Family Home (AFH) failed to develop a written respiratory protection program (RPP) that included information on the use of N95 respirators for 3 of 3 staff (Staff A, B & C). This failure placed residents at risk of exposure to communicable respiratory diseases by not ensuring staff were trained on use of N95 respirators.

Findings included...

Review of Dear Provider Letter dated 04/30/2021 "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment" showed the AFH is required to develop and maintain a Respiratory Protection Program.

Review of Dear Provider Letter dated 11/05/2021 "Respirator Fit Testing and Respiratory Protection Program Resource" provided resources for the AFH to develop a Respiratory Protection Program and access to resources for fit testing N95 respirators.

Review of infection control records showed there was no written respiratory protection program and no documentation that training for use of personal protective equipment had occurred for Staff A, Provider, Staff B, Caregiver and Staff C, Caregiver.

In an interview on 10/19/2023 at 11:56AM Provider stated they were not aware that the

home was required to have a respiratory protection plan.

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, COTTONWOOD ADULT CARE is or will be in compliance with this law and / or regulation on (Date) 11/20/23.

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

R Weaver
Provider (or Representative)

11/20/23
Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a two-step tuberculosis (TB) test was completed for 1 of 3 staff (Staff B). This failure placed residents at risk for exposure to respiratory illness.

Findings included....

Review of employee records on 10/19/2023 showed Staff B, Caregiver , obtained an initial TB skin test on 06/14/2023 but had no documentation they completed a second TB skin test as required.

In an interview on 10/19/2023 at 9:39AM Staff A stated they did not know Staff B needed to obtain a second TB skin test.

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, COTTONWOOD ADULT CARE is or will be in compliance with this law and / or regulation on (Date) 11/20/23.

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

Statement of Deficiencies	License #: 630100	Compliance Determination # 31354
Plan of Correction	COTTONWOOD ADULT CARE	Completion Date
Page 4 of 6	Licensee: RICHARD WEAVER	10/30/2023

R Weaver — Provider (or Representative) — 11/20/23 — 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 record review and interview the Adult Family Home (AFH) failed to ensure a one-step TB test was obtained within three days of hire for 1 of 3 staff (Staff C). This failure placed residents at risk for exposure to respiratory illness.
Findings included....

Review of employee records showed Staff C, Caregiver, was hired on 03/17/2019. TB documentation in the employee file from a prior employer showed Staff C obtained an initial skin test on 07/12/2017 and a second TB skin test was obtained on 07/26/2017.

In an interview on 10/19/2023 at 9:40 AM, Staff A, Provider, stated they were unaware Staff C needed to obtain a one-step TB skin test within three days of hire.

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, COTTONWOOD ADULT CARE is or will be in compliance with this law and / or regulation on (Date) 11/20/23

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

R Weaver — Provider (or Representative) — 11/20/23 — Date

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure a non-disqualifying final fingerprint results was obtained within 120 days for 1of 3 staff (Staff B). This placed residents at risk for receiving care from persons not qualified to have access to vulnerable adults.

Findings included....

Review of employee records showed Staff B, Caregiver, was hired on 06/16/2023 and had no documentation to show a national fingerprint background check was completed.

Observation on 10/19/2023 at 10:12AM showed Staff B, assist Resident 4 in the bathroom.

During an interview on 10/30/2023 at 10:32AM Staff A, Provider, stated Staff B did not complete a fingerprint background check.

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, COTTONWOOD ADULT CARE is or will be in compliance with this law and / or regulation on (Date) 11/30/23.

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

R weaver — 11/30/23

Provider (or Representative) — Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(4) Criminal history disclosure and background check results as required.

Statement of Deficiencies	License #: 630100	Compliance Determination # 31354
Plan of Correction	COTTONWOOD ADULT CARE	Completion Date
Page 6 of 6	Licensee: RICHARD WEAVER	10/30/2023

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a name and date of birth (NDOB) background check, a national fingerprint background check and orientation and safety training certification were available to the department during an inspection for 1 of 3 current staff (Staff C) and 1 of 1 former staff (Staff D). This placed residents at risk for receiving care from persons not qualified to have access to vulnerable adults.

Findings included....

Review of employee records showed Staff C, Caregiver did not have national fingerprint background check results or orientation and safety training certification available for review by the department during the inspection.

Review of employee records for Staff D, Former Caregiver, showed they were hired on 09/08/2023 and departed on 09/17/2023 and did not have documentation to show a NDOB background check was completed.

In an interview on 1/19/2023 at 10:40AM Staff A, Provider, stated they would try to locate Staff B's fingerprint background check results , orientation and safety training certification, and Staff D's NDOB background check results.

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, COTTONWOOD ADULT CARE is or will be in compliance with this law and / or regulation on (Date) 11/20/23

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

RWeaver
Provider (or Representative)

11/20/23
Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

RICHARD WEAVER
COTTONWOOD ADULT CARE
27214 N COTTONWOOD RD
CHATTAROY, WA 99003

RE: COTTONWOOD ADULT CARE # 630100

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/30/2023 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:

Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102

Spokane Valley, WA 99212

• 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 388-76-10532 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:

(a) Provide a copy to each resident prior to or upon admission to the home;

(b) Provide a copy upon resident request; and

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

Review of resident records showed no department disclosure of charges form for 1 resident who lived in the AFH.

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

Review of resident records showed no Medicaid policy for 1 resident who lived in the AFH.

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

Review of resident records showed no inventory of personal belongings for 1 resident who lived in the AFH.

WAC 388-76-10129 Qualifications Adult family home personnel.

(1) The adult family home must ensure that any person employed or used by the adult family home, directly or by contract, is qualified and meets all of the applicable requirements of this chapter and chapter 388-112A WAC. This may include, but is not limited to:

(a) The provider;

Review
of employee records showed no food safety continuing education credit for one
staff member in 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 (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E

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:
Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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 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