STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

1/16/2024

ELSIE COLE
COLE ADULT FAMILY HOME
4702 ALGER AVE
EVERETT, WA 98203

RE: COLE ADULT FAMILY HOME License # 630300

Dear Provider:

This letter addresses Compliance Determination(s) 34867 (Completion Date 01/08/2024) and 33243 (Completion Date 12/11/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/08/2024 and found that you have corrected the violations listed in the Full report dated 12/11/2023. Your home is back in compliance as of 01/01/2024 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 388-76-10750-1, WAC 388-76-10750-6-c, WAC 388-76-10825-3, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b, WAC 388-76-10320-10, WAC 388-76-10532-2, WAC 388-76-10532-2-a, WAC 388-76-10532-2-b, WAC 388-76-10532-2-c, WAC 388-76-10532-3

The Department staff who did the on-site verification:
Toni Bolo, Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn

Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
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Statement of Deficiencies	License #: 630300	Compliance Determination # 33243
Plan of Correction	COLE ADULT FAMILY HOME	Completion Date
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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 11/30/2023 and 11/30/2023 of:
COLE ADULT FAMILY HOME
4702 ALGER AVE
EVERETT, WA 98203

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:

Toni Bolo, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Nicholetta Flynn
Residential Care Services

12/11/2023
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.

Provider (or Representative) 12·18·23 Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that resident's bedroom windows were clean. The AFH failed to ensure the water temperature in resident bathroom sinks did not exceed 120 degrees Fahrenheit and the ceiling vents were clean. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5, and 6) in an unsanitary environment and placed residents at risk for skin injuries related to water temperature that was too hot.

Findings included...

RESIDENT BEDROOM WINDOWS

Observations of Room A, Resident 3 and 5's bedroom, on 11/30/2023 at 9:38 AM, showed the bedroom windowsills had dust and black residue build up.

Observations of Room B, Resident 1's bedroom, on 11/30/2023 at 9:48 AM, showed the bedroom window and windowsill had dust and black residue build up.

Observation of Room C, Resident 6's bedroom, on 11/30/2023 at 9:50 AM, showed the bedroom window and windowsill had dust and black residue build up.

Observation of Room D, Resident 4's bedroom, on 11/30/2023 at 9:43 AM, showed the bedroom windows and windowsills had dust and black residue build up.

Observation of Room E, Resident 2's bedroom, on 11/30/2023 at 9:55 AM, showed the bedroom window and windowsill had dust and black residue build up.

BATHROOMS AND WATER TEMPERATURE

Observations of Bathroom 1 on 11/30/2023 at 9:40 AM, showed the water temperature in the bathroom sink measured at 122.5 degrees Fahrenheit with the Department's thermometer. The bathroom ceiling vent was covered with dust.

Observations of Bathroom 2 on 11/30/2023 at 9:49 AM, showed the water temperature in the bathroom sink measured at 122.5 degrees Fahrenheit with the Department's thermometer. The bathroom ceiling vent was covered with dust.

Observations of Bathroom 3 on 11/30/2023 at 9:44 AM, showed the bathroom ceiling vent was covered with dust.

Interview on 11/30/2023 at 12:30 PM, Staff B (Resident Manager) stated that the AFH had one water heater and they were not aware the AFH water temperature exceeded the max temperature. Staff B stated that it had been a while since the AFH windows and vents were cleaned.

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, COLE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 01 · 01 · 24 .

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

Provider (or Representative) 12 · 18 · 2023 Date

WAC 388-76-10825 Space heaters, fireplaces, and stoves.

(3) The adult family home must ensure that fireplaces, stoves, or heaters that get hot to the touch when in use have a stable, flame-resistant barrier that does not get hot to the touch and that prevents any contact by residents or any flammable materials.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that the wall heaters in the AFH had a stable, flame-resistant barrier that did not get hot to the touch. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) at risk for burns

from the wall heaters.

Findings Included...

Observations on on 11/30/2023 at 9:44 AM, an electric wall heater with a metal vent that got hot to the touch was observed in Bathroom 3. The observed wall heater had no flame-resistant barrier that did not get hot to touch.

Observations on 11/30/2023, at 9:48 AM, Resident 1's bedroom showed an electric wall heater with a metal vent that got hot to the touch. The observed wall heater had no flame-resistant barrier that did not get hot to touch.

Observations on 11/30/2023, at 9:50 AM, Resident 6's bedroom showed an electric wall heater with a metal vent that got hot to the touch. The observed wall heater had no flame-resistant barrier that did not get hot to touch.

Observations on 11/30/2023, at 9:55 AM, Resident 2's bedroom showed an electric wall heater with a metal vent that got hot to the touch. The observed wall heater had no flame-resistant barrier that did not get hot to touch.

Observations on 11/30/2023 at and at 9:56 AM, an electric wall heater with a metal vent that got hot to the touch was observed in the hallway near Resident 2's bedroom. The observed wall heater no flame-resistant barrier that did not get hot to touch.

Interview on 11/30/2023 at 12:30 PM, Staff B (Resident Manager) stated they were not familiar with the regulation. Staff B stated that Resident 2 and 4 preferred to use a space heater and not the wall heater. The space heaters in the AFH were Underwriters Laboratories (UL) certified.

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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.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 2 of 6 residents (Resident 2 and 6) records contained a current inventory of the resident's personal belongings dated and signed by the resident and AFH. This failure placed the residents at risk of lost, stolen, or misplaced personal property.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted] 2022. A personal belongings inventory list was not found in Resident 2's record.

Record review showed the AFH admitted Resident 6 on [redacted] 2021. A personal belongings inventory list was not found in Resident 6's record.

Interview on 11/30/2023 at 12:30 PM, Staff B (Resident Manager) stated they were unable to locate the personal belongings inventory forms for Resident 2 and 6. Staff B stated they were aware of the requirement.

Attestation Statement

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Provider (or Representative)

12 · 18 · 2023
Date

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.

(3) These forms do not replace the notice of rights and services required when a resident is admitted to the adult family home as directed in WAC 388-76-10530 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 6 of 6 residents (Resident 1, 2, 3, 4, 5, & 6) had signed and dated a disclosure of charges form. This failure placed the residents at risk of not being fully informed of their rights and the fees charged by the AFH.

Findings included...

Record review on 11/30/2023 showed Resident 1 was admitted to the AFH on [redacted]2016. A disclosure of charges form was not found in Resident 1's record.

Record review on 11/30/2023 showed Resident 2 was admitted to the AFH on [redacted]2022. A disclosure of charges form was not found in Resident 2's record.

Record review on 11/30/2023 showed Resident 3 was admitted to the AFH on [redacted]2011. A disclosure of charges from was not found in Resident 3's record.

Record review on 11/20/2023 showed Resident 4 was admitted to the AFH on [redacted]2016. A disclosure of charges form was not found in Resident 4's record.

Record review on 11/20/2023 showed Resident 5 was admitted to the AFH on [redacted]2006. A disclosure of charges form was not found in Resident 5's record.

Record review on 11/20/2023 showed Resident 6 was admitted to the AFH on [redacted]/2021. A disclosure of charges from was not found in Resident 6's record.

Interview on 11/30/2023 12:30 PM, Staff A (Provider) stated that they were not familiar with the disclosure of charges form and had not completed the form with any of the current AFH residents.

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