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

ROLLING HILLS ADULT FAMILY HOME LLC
ROLLING HILLS ADULT FAMILY HOME
2742 NE Athens Way
Bremerton, WA 98311

RE: ROLLING HILLS ADULT FAMILY HOME # 663300

Dear Provider:

This document references Compliance Determination 39139 (Completion Date 04/04/2024).

The Department completed a full inspection of your Adult Family Home on 04/04/2024 and found that your home does not meet the Adult Family Home licensing requirements.

The department staff who did the inspection and provided consultation:

Emily Vincent, AFH Licensor

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The adult family home (AFH) had a plan for continuity of resident care, services and AFH operations in the event the Provider was unable to fulfill their duties in the home, but the Provider had not documented the plan and placed a copy in their administrative records. The AFH Provider ensured their succession plan was documented and available for review before the completion of the licensing inspection.

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

The adult family home (AFH) did not ensure Resident 6 reviewed and signed their negotiated care plan (NCP) every 12 months as required. The AFH Provider had Resident 6 review and sign their NCP before the completion of the licensing inspection.

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

(5) The resident or resident representative is aware the resident is taking the psychopharmacologic medication and its purpose.

The adult family home (AFH) did not ensure Resident 1's negotiated care plan (NCP) identified the psychopharmacologic medications prescribed to treat Resident 1's [redacted] diagnoses to show Resident 1 and/or their representative were aware and consented to use the psychopharmacologic medications. Before the completion of the licensing inspection, the AFH Provider ensured Resident 1's NCP identified the psychopharmacologic medications and the diagnoses for which they were prescribed.

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

The adult family home (AFH) did not ensure caregivers documented a new medication prescription on Resident 1's medication administration record (MAR), but Resident 1 received the new medication as prescribed. The AFH Provider updated Resident 1's MAR with the new medication order and caregiver's initials for the dates the medication was received, before the completion of the licensing inspection.

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

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

The adult family home (AFH) did not ensure Resident 6 reviewed and signed the home's admission agreement, containing their notice of services, every 24 months as required. The AFH Provider ensured Resident 6 reviewed and signed their admission agreement before the 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:

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

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

The adult family home (AFH) did not ensure Resident 1 and/or their representative received, reviewed, and signed the home's standardized Disclosure of Charges form before they moved into the home as required. The AFH Provider had Resident 1’s representative review and sign the home’s Disclosure of Charges form 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-0613 When must continuing education be completed when public health emergency waivers are lifted, and what continuing education credit is granted to long-term care workers employed during the pandemic?

(1) The department finds that long-term care workers employed during the COVID-19 pandemic between March 1, 2020, and February 28, 2021, required emergent and intensive on-the-job training. Long-term care workers received critical, ongoing training in such topics as:

(a) Donning and doffing personal protective equipment (PPE);

(b) Hand hygiene;

(c) Disinfection of high-touch surfaces;

(d) Managing visitations and physical distancing;

(e) Responding to newly infected residents;

(f) Promotion of vaccination;

(g) Protocols for quarantine;

(h) Use of cloth face coverings;

(i) Personal protection outside of the work environment; and

(j) How to reduce exposure and spread.

(2) This on-the-job training was required of all workers in all long-term care environments in Washington state. Instruction was provided in assisted living facilities, adult family homes, homecare agencies, enhanced services facilities, certified community residential services, and to individual providers by the SEIU775 benefits group and DSHS to discuss infection control and the availability and distribution of personal protective equipment. Recognition of this training as a valid learning experience, in its various forms, was agreed upon with input from consumer and worker representatives, as the content was based on guidelines established by the Centers for Disease Control (CDC) and other federal, state, and local health care authorities.

(3) During this time, long-term care workers required ongoing critical training because guidance from the CDC, department of labor and industries, and other health authorities changed as more was learned about the SARS-CoV-2 virus. The department finds that this unprecedented on-the-job training constituted at least 12 hours of continuing education between March 1, 2020, and February 28, 2021, and that this training is not considered to be repeated training as described in WAC 388-112A-0600 (2).

(4) All long-term care workers employed during the dates in section (3) of this section are granted 12 hours of DSHS-approved continuing education credit for the training entitled "COVID-19 On-The-Job Training Protocols," bearing the DSHS approval code CE2135218. No physical certificate for this training will be issued or required. The COVID-19 continuing education hours may be applied to renewal periods ending no earlier than March 1, 2020, and no later than December 31, 2021.

(5) The department recognizes that long-term care workers may not have completed training hours in excess of the 12 hours of CE granted in section (4) of this section due to the COVID-19 public health emergency. All long-term care workers shall have until December 31, 2022, or 120 days from the end of the COVID-19 training waivers established by gubernatorial proclamation, whichever is later, to complete any additional CE that may have become due while training waivers were in place in excess of the 12 hours of CE granted in subsection (4) of this section. If a worker's next birthday allows fewer than 120 days after the waivers are lifted to complete required CE for their current renewal cycle, the worker will have 120 days from the end of training waivers to complete the required CE.

The adult family home (AFH) did not ensure Caregiver B completed all continuing education (CE) training required during the public health emergency rule waiver (between 03/01/2020 and 08/31/2023). During the emergency rule waiver, caregivers received twelve (12) hours of CE training if they were employed between 03/01/2020 and 02/28/2021. Caregivers were also allowed to complete the required CE training for 2021, 2022, and 2023 at any time during the emergency rule waiver (03/01/2020 through 08/31/2023), instead of annually. Before the completion of the licensing inspection, the AFH Provider ensured Caregiver B completed the remaining CE training required during the emergency rule waiver.

You Must:

• Begin the process of correcting the deficiency or deficiencies immediately; and
• Complete correction as soon as possible.

You Are Not:

• Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

• Inspect the home to determine if you have corrected all deficiencies.

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 (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

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

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