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

CHARM BUSSELL
CHARMING ADULT FAMILY HOME
1512 112TH ST S
TACOMA, WA 98444

RE: CHARMING ADULT FAMILY HOME License # 673900

Dear Provider:

This letter addresses Compliance Determination(s) 29923 (Completion Date 09/22/2023) and 28910 (Completion Date 09/06/2023).

The Department completed a follow-up inspection of your Adult Family Home on 09/22/2023 and found that you have corrected the violations listed in the Full report dated 09/06/2023. Your home is back in compliance as of 09/14/2023 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 388-76-10285-2

The Department staff who did the off-site verification:
Gary Fuentebella, Licensor

If you have any questions, please contact me at (253)983-3826.

Sincerely,

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 08/31/2023 and 08/31/2023 of:

CHARMING ADULT FAMILY HOME
1512 112TH ST S
TACOMA, WA 98444

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Gary Fuentebella, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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.

Residential Care Services _____ 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.

Charm Bussell
Provider (or Representative)

9/14/2023
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 observation, interview and record review the Adult Family Home (AFH) failed to ensure 1 of 3 staff (Provider) completed a second Tuberculosis ([TB] a communicable disease) skin test one (1) to three (3) weeks after the first test. This failure placed all four residents at risk for a communicable disease.

Findings included...

On 08/31/2023 at 9:55 AM, the Provider was observed working in the AFH with Resident 1, Resident 2, Resident 3, and Resident 4.

Review of personnel files showed the Provider had a TB skin test done on 11/21/2013 (negative for TB infection). Further record review showed no documentation that the Provider completed a second TB skin test.

On 08/31/2023 at 1:05 PM during interview, the Provider said they had previously completed the required two-step TB skin testing but could not find the documentation.

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, CHARMING ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on
(Date) 9/14/2023

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

Charm Bussell
Provider (or Representative)

9/14/2023
Date

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

CHARM BUSSELL
CHARMING ADULT FAMILY HOME
1512 112TH ST S
TACOMA, WA 98444

RE: CHARMING ADULT FAMILY HOME # 673900

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/06/2023 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:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

Lakewood, WA 98496

• 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 388-76-10380 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.

Resident 1's Negotiated Care Plan (NCP) was last reviewed and revised on 02/02/2022 (eighteen [18] months earlier). The Provider immediately revised and reviewed Resident 1's NCP to correct the issue. There was no negative outcome to the resident.

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.

Resident 1 ([redacted] client) was not provided with the Adult family Home's (AFH) Medicaid policy. The provider immediately provided Resident 1 with the above-mentioned document to correct the issue. There was no negative outcome to the resident.

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) did not have a written succession plan. The Provider immediately wrote a succession plan and designated Caregiver A (Provider's sister) to be in-charge of the AFH in the event the Provider was unable to provide care and services to the residents.

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 (253)983-3826.

Sincerely,

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

PO Box 99250
Lakewood, WA 98496

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 IDR**s 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

CHARM BUSSELL
CHARMING ADULT FAMILY HOME # 673900
1512 112TH ST S
TACOMA, WA 98444

CORRECTION OF DEFICIENCIES

WAC 388-76-10380 Negotiated care plan, timing of reviews and revisions.
Provider will ensure care plans are updated every 12 months and/or as needed for appropriate timing. Resident 1 care plan was revised and completed on 8/31/2023.

WAC 388-76-10522 Resident rights notice, policy on accepting Medicaid as a payment source.
Provider will ensure each resident as a copy of Policy of accepting Medicaid before and after admissions. Will both orally and in writing in a language the resident understands. Will ensure the policy is signed and dated by the resident and kept in residents record after signature. Completed on 8/31/2023 for resident 1.

WAC 388-76-10201 Succession plan.
Provider immediately wrote a succession plan on 8/31/2023 for Caregiver A to be in charge of AFH in the event Charm Bussell (Owner) was unable to provide care and services to the residents.

WAC 388-76-10285 Tuberculosis. Two step skin testing.
Provider got step 1 TB test on 9/1/2023 at 9:10am. Got reading results on 9/3/2023 – results was negative.
2nd TB testing was given on 9/11/2023 at 9:10am. Got reading results on 9/13/2023 at 12:30pm – results were negative.
Provider will ensure tb testing's are updated and filed appropriately.

Charm Bussell 9/14/2023

SIGNATURE **DATE**