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

LORI MAY KENNEY
A BETTER VIEW AFH
12420 W SUNRIDGE DR
NINE MILE FALLS, WA 99026

RE: A BETTER VIEW AFH License # 679200

Dear Provider:

This letter addresses Compliance Determination(s) 53208 (Completion Date 01/16/2025) and 50042 (Completion Date 11/20/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/16/2025 and found that you have corrected the violations listed in the Full report dated 11/20/2024. Your home is back in compliance as of 01/04/2025 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 388-76-10265-1-d, WAC 388-76-10265, WAC 388-76-10265-1, WAC 388-76-10176, WAC 388-76-10176-1, WAC 388-76-10176-2, WAC 388-76-10165, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10255, WAC 388-76-10255-2, WAC 388-76-10255-3

The Department staff who did the on-site verification:
Joshua Robison, Community Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, 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

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 11/07/2024 and 11/07/2024 of:

A BETTER VIEW AFH
12420 W SUNRIDGE DR
NINE MILE FALLS, WA 99026

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:

Joshua Robison, Community 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.

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.

Provider (or Representative) Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement a system to ensure tuberculosis (TB) testing was completed within three days of employment for 1 of 5 current caregivers (Staff C). This failure placed residents at risk of receiving care from a staff member with tuberculosis.

Findings included…

On 11/07/2024 at 9:25 AM, Staff C, Caregiver, was observed working with residents in the AFH.

Review of Staff C's employee record on 11/07/2024 showed they were hired at the AFH on 08/30/2024. The employee record did not include documentation to show TB testing for Staff C was initiated within three days of employment.

On 11/07/2024 at 2:03 PM Staff A, Provider, stated they did not complete TB testing within three days of employment for Staff C.

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, A BETTER VIEW AFH 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 388-76-10176 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 national fingerprint background check was completed within 120 days of date of hire for 2 of 5 staff (Staff D & Staff E). This failure resulted in staff with potentially disqualifying crimes having unsupervised access to the residents.

Findings included…

Review of employee records on 11/07/2024 showed Staff D, Caregiver, was hired on 05/14/2024. There was no documentation in the employee file that showed a national fingerprint background check was available for review.

Review of employee records on 11/07/2024 showed Staff E, Caregiver, was hired on 02/01/2023. There was no documentation in the employee file that showed a national fingerprint background check was available for review.

During an interview on 11/07/2024 at 2:30 PM, Staff A, Provider, stated Staff D and Staff E did not have national fingerprint background checks completed.

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, A BETTER VIEW AFH 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 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to complete an updated Washington State name and date of birth (NDOB) background check once every two years for 1 of 5 staff (Staff A). This placed residents at risk for receiving care from individuals not qualified to have access to vulnerable adults.

Findings included….

Review of employee records on 11/07/2024 showed Staff A, Provider, had a name and date of birth background check that expired 08/16/2024 (83 days expired).

In an interview on 11/07/2024 at 2:45 PM, Staff A, Provider, stated they were unaware that their name and date of birth background check had expired.

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, A BETTER VIEW AFH 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 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(2) Emphasizes frequent hand washing and other means of limiting the spread of infection;

(3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure fit testing for an N95 respirator was completed for 2 of 5 staff (Staff A & Staff D) and 1 of 2 former staff (Staff F) at least once every twelve months. This failure placed residents at risk for exposure to communicable diseases.

Findings included…

Review of Dear Provider Letter dated 04/30/2021 Employers Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment showed the AFH is required to fit test health care workers with a N95 mask for protection against communicable diseases.

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

Review of Dear Provider Letter dated 09/14/2023 “Provider Responsibilities for Provision of Personal Protective Equipment (PPE), Respiratory Protection Program (RPP), and Changes To Department Of Health RPP Resources” provided resources for the AFH to access resources for fit testing N95 respirators.

Review of fit testing certificates on 11/07/2024 showed Staff A, Provider, and Staff D, Caregiver, were last fit tested on 08/09/2023 and their fit test certifications expired on 08/09/2024.

Review of fit testing certificates on 11/07/2024 showed Staff F, Former Caregiver, was last fit tested on 08/09/2023 and the fit test certification expired on 08/09/2024. Records showed that Staff F’s date of departure was 10/20/2024.

During an interview on 11/07/2024 at 2:55 PM, Staff A, Provider, stated they were behind on fit testing and acknowledged that it should be done annually.

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, A BETTER VIEW AFH 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

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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LORI MAY KENNEY
A BETTER VIEW AFH
12420 W SUNRIDGE DR
NINE MILE FALLS, WA 99026

RE: A BETTER VIEW AFH # 679200

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/20/2024 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:

Selena Clemons, 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 388-76-10750 Safety and maintenance. The adult family home must:

(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;

The Adult Family Home did not ensure that water temperature in two bathrooms was at least one hundred five degrees Fahrenheit. The provider adjusted the hot water temperature. There was no negative outcome to the residents.

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;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(3) Tuberculosis testing results.

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

The Adult Family Home did not keep criminal history disclosure and background checks, staff training records, tuberculosis testing, and employment records in a place readily accessible to authorized department staff. The AFH was able to produce the missing documents. There was no negative outcome 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 (509)598-0182.

Sincerely,

Selena Clemons, 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:
Selena Clemons, 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 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