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

SHAREE A KROMREI
SYCAMORE GLEN
1587 Sycamore St
Clarkston, WA 99403

RE: SYCAMORE GLEN License # 68200

Dear Provider:

This letter addresses Compliance Determination(s) 26256 (Completion Date 07/05/2023) and 23869 (Completion Date 06/13/2023).

The Department completed a follow-up inspection of your Adult Family Home on 07/05/2023 and found that you have corrected the violations listed in the Full report dated 06/13/2023. Your home is back in compliance as of 06/30/2023 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 388-76-10191-1, WAC 388-76-10750-6-c

The Department staff who did the on-site verification:
Scott Sorensen, AFH 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 #: 68200	Compliance Determination # 23869
Plan of Correction	SYCAMORE GLEN	Completion Date
Page 1 of 4	Licensee: SHAREE A KROMREI	06/13/2023

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 05/10/2023 and 05/11/2023 of:
SYCAMORE GLEN
1589 Sycamore St
Clarkston, WA 99403

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:

Scott Sorensen, AFH 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 — 06/23/2023
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.

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

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1589 Sycamore St
Clarkston, WA 99403

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

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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) 6/30/23 Date

WAC 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain liability insurance upon licensure and maintain the insurance as required in WAC 388-76-10192 and 388-76-10193 ; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the home failed to maintain general liability insurance. This failure placed the residents at risk of not being covered in case of an injury or property damage caused by an act or omission by the home's staff.

Findings included...

Observation on 05/10/2023 at 11:00 AM the home had five residents that received care and services from the adult family home staff.

Review of the home's liability insurance policy, dated 02/10/2022, showed the policy expired on 02/10/2023.

During an interview, on 05/11/2023 at 11:00 AM, Staff B, Resident Manager, stated that he thought there is a more current policy and would send it to the department as soon as possible.

During an interview, on 05/19/2023 at 1:05 PM, Staff B, stated that he was still trying to locate the document and would send it as soon as possible.

During an interview, on 05/30/2023 at 3:15 PM, Staff B, stated that he was still trying to locate the document and would send it as soon as possible.

During an interview, on 06/07/2023 at 12:10 PM, Staff A, Provider, stated that she would find out why the liability insurance policy had not been sent yet.

On 06/09/2023 the document was received. Review of the home's liability insurance policy, dated 06/05/2023, showed the policy expired on 06/05/2024.

During an interview, on 06/13/2023 at 12:30 PM, Staff B stated that the prior policy

Provider (or Representative) Date

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Review of the home's liability insurance policy, dated 02/10/2022, showed the policy expired on 02/10/2023.

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During an interview, on 05/19/2023 at 1:05 PM, Staff B, stated that he was still trying to locate the document and would send it as soon as possible.

During an interview, on 05/30/2023 at 3:15 PM, Staff B, stated that he was still trying to locate the document and would send it as soon as possible.

During an interview, on 06/07/2023 at 12:10 PM, Staff A, Provider, stated that she would find out why the liability insurance policy had not been sent yet.

On 06/09/2023 the document was received. Review of the home's liability insurance policy, dated 06/05/2023, showed the policy expired on 06/05/2024.

During an interview, on 06/13/2023 at 12:30 PM, Staff B stated that the prior policy

expired and the home did not renew the policy on time.

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, SYCAMORE GLEN is or will be in compliance with this law and / or regulation on (Date) 6/30/23 .

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

Provider (or Representative) — Date: 6/30/23

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;

This requirement was not met as evidenced by:

Based on observation and interview the home failed to maintain the water temperature between 105-120 degrees Fahrenheit (F) for 4 of 4 sinks (Kitchen sink, Sink 1, Sink 2, Sink 3). This failure placed residents at risk for burns.

Findings included...

Observations on 05/10/2023 between 12:05 PM - 12:15 PM showed water temperature readings as follows:

1. The kitchen sink was 130.1 degrees F.
2. Sink 1, the bathroom sink located near Resident 1's bedroom was 126.9 degrees F.
3. Sink 2, the bathroom sink located inside Resident 2's bedroom was 127.7 degrees F.
4. Sink 3, the bathroom sink located inside Resident 5's bedroom was 126.8 degrees F.

During an interview on 05/10/2023 at 12:15 PM, Staff C, Caregiver, stated they would turn down the water heater immediately.

During an interview on 05/11/2023 at 11:45 AM, Staff B, Resident Manager, stated that they turned down the water heater and would continue to monitor the water temperature.

expired and the home did not renew the policy on time.

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, SYCAMORE GLEN 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.

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Provider (or Representative) Date

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During an interview on 05/11/2023 at 11:45 AM, Staff B, Resident Manager, stated that they turned down the water heater and would continue to monitor the water temperature.

Statement of Deficiencies	License #: 68200	Compliance Determination # 23869
Plan of Correction	SYCAMORE GLEN	Completion Date
Page 4 of 4	Licensee: SHAREE A KROMREI	06/13/2023

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, SYCAMORE GLEN is or will be in compliance with this law and / or regulation on (Date) 6/30/23 .

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

Jesse Kromrei — Provider (or Representative)

6/30/23 — Date

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, SYCAMORE GLEN 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

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

SHAREE A KROMREI
SYCAMORE GLEN
1587 Sycamore St
Clarkston, WA 99403

RE: SYCAMORE GLEN # 68200

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/13/2023 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 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

The home did not review, sign, and date an acknowledgement of the admission information including the home's expectations, services, and charges every 24 months for one resident. There were no residents or representatives that expressed concerns related to the document.

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 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