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

BETA NURSING & MEDICAL EQUIPMENT SERVICES INC
BETA ADULT FAMILY HOME
6721 44TH AVE E
TACOMA, WA 98443

RE: BETA ADULT FAMILY HOME License # 750425

Dear Provider:

This letter addresses Compliance Determination(s) 38964 (Completion Date 04/04/2024) and 36421 (Completion Date 02/08/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/04/2024 and found that you have corrected the violations listed in the Full report dated 02/08/2024. Your home is back in compliance as of 03/22/2024 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 388-76-10430-2-d, WAC 388-112A-0050-1-a-iii, WAC 388-76-10135-4, WAC 388-112A-0080-3, WAC 388-76-10320-4, WAC 388-76-10895-2-a, WAC 388-76-10895-2-b, WAC 388-76-10255-1, WAC 388-76-10530-1-b, WAC 388-76-10530-1-a, WAC 388-76-10530-1-f, WAC 388-76-10530-1-e, WAC 388-76-10530-1-d, WAC 388-76-10530-1-c, WAC 388-76-10522-1, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10161-2-a, WAC 388-76-10280-2

The Department staff who did the on-site verification:
Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

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

Sincerely,

Lisa Cramer

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

Statement of Deficiencies	License #: 750425	Compliance Determination # 36421
Plan of Correction	BETA ADULT FAMILY HOME	Completion Date
Page 1 of 11	Licensee: BETA NURSING & MEDICAL EQUIPMENT	02/08/2024

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 02/05/2024 and 02/06/2024 of:
BETA ADULT FAMILY HOME
6721 44TH AVE E
TACOMA, WA 98443

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

The department staff that inspected the Adult Family Home:

Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

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 — 02/08/2024 (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.

Eokoye
Provider (or Representative)

2/18/24
Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observations, interviews, and record review, the adult family home (AFH) failed to ensure 1 of 2 residents (Resident 2) received their medications as required. This failure resulted in Resident 2 not receiving their medications as needed.

Findings included...

On 02/05/2024 at 11:00 AM, record review showed Resident 2 (R2) was to receive Senna (laxative medication) once a night. The medication administration record (MAR) showed Caregiver A (CG A) and Caregiver B (CG B) initialed the medication was administered 02/01/2024 through 02/05/2024 at 8:00 PM. At 11:00 AM, the MAR showed CG A's initials that the Senna medication was given on 02/05/2024 at 8:00 PM.

On 02/05/2024 at 11:45 AM, CG A was observed looking for the Senna medication for R2. CG A was unable to find the Senna medication.

On 02/05/2024 at 11:50 AM, when asked where the Senna medication was, CG A stated they were not sure.

On 02/06/2024 at 4:46 PM, observation showed the Provider looking for the Senna medication and speaking with the pharmacy about this medication. The Senna medication was not located.

On 02/06/2024 at 5:00 PM, when asked why the Senna medication was not located but was initialed it was given, the Provider stated the family needed to speak with the pharmacy to get a refill.

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, BETA ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 3/22/24 .

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

Eokeye — Provider (or Representative)

2/18/24 — Date

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

WAC 388-112A-0050 What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, a long-term care worker and an adult family home provider in an adult family home: Who Status Facility Orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Adult family home resident manager, or long-term care worker in adult family home.

(iii) Employed in an adult family home and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112-0400 . Required. Twelve hours per WAC 388-112A-0610 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? The following individuals must complete the seventy-hour long-term care worker basic training unless exempt as described in WAC 388-112A-0090 : Adult family homes.

(3) Long-term care workers in adult family homes within one hundred twenty days of date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training. Assisted living facilities.

This requirement was not met as evidenced by:

Based on observation, interview, and record reviews, the adult family home (AFH) failed to ensure 2 of 3 AFH staff (Caregiver A and Caregiver B) had the minimum caregiver

qualifications before working alone in the AFH with residents. This failure placed 2 of 2 residents (Resident 1 and Resident 2) at risk of being cared for by unqualified caregivers.

Findings included...

On 02/05/2024, record reviews showed Caregiver A (CG A) was hired on 11/02/2023, and Caregiver B (CG B) was hired on 11/01/2023. Record reviews showed CG A and CG B did not have documentation they completed the Safety and Orientation Training, seventy (70) hour long-term care worker basic training, and the Dementia specialty training.

On 02/05/2024, record review showed Resident 2 (R2) had a diagnosis of [redacted].

On 02/05/2024 at 8:40 AM, observation showed CG A did not have direct supervision by a qualified caregiver and was providing breakfast to R2 at the breakfast table.

On 02/06/2024 at 2:10 PM, observation showed CG B walking with R2 in the hallway.

On 02/06/2024 at 5:00 PM, when asked why CG A and CG B did not complete the Safety and Orientation training, 70 hour long-term care basic training, and Dementia specialty training, the Provider stated CG A and CG B were Home Care Aid (HCA) students and they did not need to complete the training. The Provider stated the trainings were part of their curriculum.

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, BETA ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 3/22/24 .

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

Provider (or Representative) _____ Date 2/18/24

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(4) The resident assessment information;

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) failed to ensure 1 of 2 residents (Resident 1) had annual assessments in 2022 and 2023. This failure placed Resident 1 at risk for unmet care needs.

Findings included...

On 02/05/2024, record review showed Resident 1 (R1) admitted to the AFH on [redacted] 2021. There was an assessment dated 08/21/2021, but there were no assessments for 2022 and 2023 in R1's file.

On 02/06/2024 at 5:00 PM, when asked why there were no assessments for 2022 and 2023, the Provider stated they will look for the files and send them to the Department.

On 02/08/2024 at 8:30 AM, record review of Department email and fax showed no assessments were sent from the Provider.

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, BETA ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 3/22/24 .

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

Provider (or Representative) 2/18/24 Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) failed to ensure emergency evacuation drills were conducted every sixty (60) days and a full evacuation drill was conducted once every year. This failure placed two current residents at risk of not

knowing where to go if they needed to evacuate the AFH.

Findings included...

On 02/05/2024, record review showed no partial evacuation drills (residents go to the exit door and not to the outside meeting place) for 2023 or 2024 in the AFH. There was no full evacuation drill completed in the last twelve (12) months on file.

On 02/06/2024 at 5:00 PM, when asked why there was no documentation of partial evacuation drills and a full evacuation drill completed in the last 12 months, the Provider replied they will look for the forms.

On 02/07/2024 at 5:30 PM, record review of Department email and fax showed no documents were received from the Provider.

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, BETA ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 3/22/24 .

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

EOKoye
Provider (or Representative)

2/18/24
Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation, interview and record reviews, the adult family home (AFH) failed to ensure 3 of 3 Staff (Provider, Caregiver A, Caregiver) had documentation of being fitted for an N-95 (respirator mask) mask within the last twelve (12) months. This failure placed two current residents (Resident 1 and Resident 2) at risk of being cared for by unqualified staff.

Findings included...

On 02/06/2024, record reviews showed the Provider, Caregiver A (CG A), and Caregiver B (CG B) did not have documentation of an N-95 fit test within the last 12 months.

On 02/06/2024 at 4:30 PM, observation showed Provider searching for the N-95 fit tests but they were not found.

On 02/06/2024 at 5:00 PM, when asked why there was no documentation of the staff N-95 fit tests, the Provider stated they will look for the documents.

On 02/08/2024 at 8:30 AM, record review of Department email showed no N-95 fit tests were received by the Department.

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, BETA ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 3/22/24 .

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

Folcoye — Provider (or Representative)

2/18/24 — Date

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

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure 1 of 2 residents (Resident 1) had a written notice of rights and services provided to them. This failure placed Resident 1 at risk of not being informed for their rights and services in the AFH.

Findings included...

On 02/05/2024, record review showed Resident 1 (R1) did not have a notice of rights and services in their file.

On 02/06/2024 at 5:00 PM, when asked why the notice of rights and services was missing from R1's file, the Provider stated they will look for it.

On 02/08/2024 at 8:30 AM, record review of Department email showed no notice of rights and services for R1 was submitted to the Department.

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, BETA ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 3/22/24 .

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

Eokoye
Provider (or Representative)

2/18/24
Date

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;

(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.

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) failed to ensure 2 of 2 residents (Resident 1 and Resident 2) were given the Medicaid Payment Policy document. This failure resulted in two current Residents or Representatives not being informed of their Medicaid rights.

Findings included...

On 02/05/2024, record reviews showed Resident 1 (R1) and Resident 2's (R2) files did not have the Medicaid Payment Policy document.

On 02/06/2024 at 5:00 PM, when asked why R1 and R2 did not have the Medicaid Payment Policy Document, the Provider did not respond.

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, BETA ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 3/22/24 .

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

Falcone — Provider (or Representative)

2/18/24 — Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) failed to ensure 3 of 3 AFH staff (Provider, Caregiver A, and Caregiver B) had a Washington State Background check. This failure placed two current residents (Resident 1 and Resident 2) at risk of being cared for by unqualified staff.

Findings included...

Record reviews showed the Provider was licensed for an AFH 05/11/2007. The record reviews showed Caregiver A (CG A) was hired on 11/02/2023, and Caregiver B (CG B) was hired on 11/01/2023. There was no documentation the Provider, CG A, and CG B completed a Washington State Background Check.

On 02/06/2024 at 5:00 PM, when asked why there were no Washington State Background Checks for all the employees, the Provider stated they will look for the documents and send them to the Department.

On 02/08/2024 at 8:30 AM, record review of Department email showed the Provider submitted a copy of the Background Check Authorization form for the Provider. There were no Washington State Background Check results for the Provider, CG A and CG B in the email.

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, BETA ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 3/22/24 .

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

Fokaye — Provider (or Representative)

2/18/24 — Date

WAC 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure 1 of 3 AFH staff (Caregiver B) completed a single tuberculosis (TB, an infectious disease) test after their date of hire. This failure placed two current residents at risk of being exposed to an infectious disease.

Findings included...

On 02/05/2024, record review showed Caregiver B (CG B) completed a single-step TB test on 07/21/2023. There was no documentation CG B completed any other TB test. There

was no documentation of CG B's hire date to determine when the TB tests were required to be completed.

On 02/06/2024 at 5:00 PM, when asked why CG B did not complete a second TB test and why there was no documentation of their date of hire, the Provider stated they will look for it.

On 02/08/2024 at 8:30 AM, record review of Department email showed (CG B) was hired on 11/01/2023, but no additional TB test had been submitted by the Provider.

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, BETA ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 3/22/24 .

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

Edcaye
Provider (or Representative)

2/18/24
Date