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 # 750425

Dear Provider:

This document references Compliance Determination 32803 (12/05/2023), which included complaint number(s) 103725.

The Department completed a complaint investigation of your Adult Family Home on 12/05/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Lisa Charette, NCI AFH Complaint Investigator

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 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(a) Report suspected abuse, neglect, exploitation or abandonment of a resident:

(i) As required by chapter 74.34 RCW;

(ii) To the department by calling the complaint toll-free hotline number; and

The Adult Family Home (AFH) did not report the allegation of abuse to the department's hotline as required. The Provider said they didn't think they had to report because another party involved with the resident informed them they were making a report. The AFH provider called the hotline and reported the allegation on the day after the department's investigation started.

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

Residential Care Services
Investigation Summary Report

Provider/Facility: BETA ADULT FAMILY HOME
License/Cert.#: 750425
Compliance Determination #: 32803
Investigator: Lisa Charette
Provider Type: Adult Family Home
Intake ID: 103725
Region/Unit #: RCS Region 3 / Unit A
Investigation Date(s): 11/20/2023 through 12/05/2023
Complainant Contact Date(s):

Allegation(s):

1. The Named Resident was confronted by the staff in an intimidating manner.
2. The Named Resident was not receiving therapy.
3. The Named Resident was dragged by the caregiver from the bathroom to their room.
4. The Adult Family Home (AFH) failed to report an allegation of abuse or neglect to the hotline.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 0 Closed records sample size: 1
Observations:	Residents Activities Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions Kitchen
Interviews:	Nursing staff Residents Family members Social services staff
Record Reviews:	Medical records State reporting log Incident investigation

Investigation Summary:

1. There was no evidence to substantiate the allegation. No facility failed practice was identified.
2. The Named Resident had not received therapy while in the AFH due to not having an order at the time of admission. The AFH provider contacted the doctor for an order for home health therapy and was awaiting home health's arrival. No facility failed practice was identified.

3. There was no evidence to substantiate the Named Resident having been dragged to their bed after having a fall. There was no facility failed practice identified.
4. The AFH did not report the allegation of abuse to the hotline until the department's investigation began. There was no harm to the Named Resident. Failed facility practice identified.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A