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

Theresa H. Peters
Golden Rule Adult Family Home
132 E 62nd St
Tacoma, WA 98404

RE: Golden Rule Adult Family Home License # 750994

Dear Provider:

This letter addresses Compliance Determination(s) 27898 (Completion Date 08/09/2023) and 24902 (Completion Date 06/14/2023).

The Department completed a follow-up inspection of your Adult Family Home on 08/09/2023 and found that you have corrected the violations listed in the Full report dated 06/14/2023. Your home is back in compliance as of 07/30/2023 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 388-76-10130-2, WAC 388-76-10130-2-a, WAC 388-76-10130-2-b, WAC 388-76-10130-2-c, WAC 388-76-10130-2-d, WAC 388-76-10130-2-e, WAC 388-76-10130-2-f, WAC 388-76-10161-2-a, WAC 388-76-10161-2, WAC 388-76-10192-1, WAC 388-76-10265-1-d, WAC 388-76-10265-1-c, WAC 388-76-10315-1-g, WAC 388-76-10730-1-b, WAC 388-112A-0115-1-b, WAC 388-112A-0115-1-c, WAC 388-76-10146-3, WAC 388-76-10146-3-a, WAC 388-76-10146-2-b, WAC 388-76-10146-2-c, WAC 388-112A-0400-4-a, WAC 388-112A-0610-1-f, WAC 388-76-10146-1, WAC 388-76-10146-2-e, WAC 388-112A-0720-1-a, WAC 388-76-10146-1

The Department staff who did the on-site verification:
Emily Vincent, AFH 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

Statement of Deficiencies	License #: 750994	Compliance Determination # 24902
Plan of Correction	Golden Rule Adult Family Home	Completion Date
Page 1 of 13	Licensee: Theresa H. Peters	06/14/2023

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 06/02/2023 and 06/02/2023 of:
Golden Rule Adult Family Home
132 E 62nd St
Tacoma, WA 98404

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:

Emily Vincent, AFH 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

06/15/2023
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.

T. Theresa Peters
Provider (or Representative)

6-26-23
Date

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(2) Have a United States high school diploma or high school equivalency certificate as provided in RCW 28B.50.536 , or any English or translated government document of the following:

(a) Successful completion of government approved public or private school education in a foreign country that includes an annual average of one thousand hours of instruction a year for twelve years, or no less than twelve thousand hours of instruction;

(b) Graduation from a foreign college, foreign university, or United States community college with a two-year diploma, such as an associate's degree;

(c) Admission to, or completion of course work at a foreign or United States college or university for which credit was awarded;

(d) Graduation from a foreign or United States college or university, including award of a bachelor's degree;

(e) Admission to, or completion of postgraduate course work at, a United States college or university for which credits were awarded, including award of a master's degree; or

(f) Successful passage of the United States board examination for registered nursing, or any professional medical occupation for which college or university education was required;

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 designated AFH management staff (Resident Manager) met the educational quaifications for an AFH resident manager as required before designating the Resident Manager and signing an attestation. This failure placed 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) at risk of unmet care and service needs.

Findings included...

On 06/02/2023, a review of information in the department's facility management system, showed the Resident Manager as the home's designated resident manager.

On 06/02/2023, a review of the Resident Manager's personnel file, showed no evidence of a United States (US) high school diploma, US high school equivalency certificate or other

documentation of successful completion of government approved public or private school education in the US or a foreign country.

On 06/14/2023 at 11:00 AM, in an interview, the AFH Provider said they thought the department verified qualifications for the designated Resident Manager when the Provider submitted and signed the attestation on the AFH Information Change Form. The Provider was not aware they were required to have evidence of a US high school/higher education diploma or documentation of an equivalent education from a foreign country.

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, Golden Rule Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/26/23.
Resident Manager's RN Nursing Degree was in the Employee's file at time of inspection + emailed to Licensor
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Theresa Peters — Provider (or Representative)

6-26-23 — 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 review, the adult family home (AFH) failed to ensure 1 of 4 staff (AFH Provider) had a Washington (WA) state name and date of birth (DOB) background check before having unsupervised access to residents. This failure placed 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) at risk of unsupervised access by staff with a disqualifying criminal background. This was done immediatly + emailed to Licensor.

Findings included...

On 06/02/2023, a review of the AFH Provider's personnel file, showed no evidence of a current or expired WA state name and DOB background check result.

On 06/14/2023 at 11:00 AM , in an interview, the AFH Provider said they did not think they needed a background check any longer because they did not provide care for residents in the home.

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, Golden Rule Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6-14-23.

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

Theresa Peters — Provider (or Representative)

6-26-23 — Date

WAC 388-76-10192 Liability insurance required Commercial general liability insurance or business liability insurance coverage. The adult family home must have commercial general liability insurance or business liability insurance that includes:

(1) Coverage for the acts and omissions of any employee and volunteer;

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to obtain general liability insurance that included professional liability coverage for acts and omissions of employees and volunteers as required. This failure placed 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) at risk of uncompensated damages in the event of employee and/or volunteer acts and omissions while they resided on AFH premises.

Findings included...

On 06/02/2023, a review of the AFH's certificate of liability insurance for the period between 02/14/2023 and 02/14/2024, showed the AFH's insurance did not include coverage for professional liability (acts and omissions) for employees and volunteers. Our policy included this all along

On 06/14/2023 at 11:00 AM, in an interview, the AFH Provider said they were not aware their general liability insurance policy must include professional liability coverage for any acts and omissions of their employees and volunteers.

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, Golden Rule Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6-19-23.

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

Theresa Peters — Provider (or Representative)
6-26-23 — 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:

(c) Resident manager;

(d) Caregiver;

This requirement was not met as evidenced by:

Based on observations, interview and record reviews, the adult family home (AFH) failed to ensure 3 of 4 AFH staff (Resident Manager, Caregiver A and Caregiver B) completed tuberculosis [(TB) an airborne infectious respiratory disease] testing within three days of employment as required. This failure placed 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4 and Resident 5) at risk of exposure to an infectious disease.

Findings included...

On 06/02/2023 at 9:40 AM, an observation showed Caregiver A was providing care for AFH residents. On 06/02/2023 at 10:00 AM, an observation showed the Resident Manager interacting with residents and later providing care for residents.

Resident Manager
On 06/02/2023, a review of the Resident Manager's personnel file showed their date of hire as 02/04/2019. The Resident Manager had one TB skin test result dated 03/11/2019.

Caregiver A
On 06/02/2023, a review of Caregiver A's personnel file showed no documented date of hire, A review of Caregiver A's personnel file showed one TB skin test result dated 05/21/2021. On 06/02/2023 at 2:00 PM, in an interview, Caregiver A said they began working in the home sometime in 2021.

Caregiver B
On 06/02/2023, a review of Caregiver B's personnel file showed no documented date of hire, and no TB skin test results.

On 06/14/2023 at 11:00 AM, in an interview, the AFH Provider said they were aware Caregiver B had not completed TB testing, but were not aware the Resident Manager and Caregiver A only had one TB test result.

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, Golden Rule Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 7-15-23 .

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

Theresa Peters — Provider (or Representative)

6-26-23 — Date

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) failed to ensure documentation from 5 of 5 residents' records (Resident 1, Resident 2, Resident 3, Resident 4 and Resident 5) was available in the AFH, and for department staff to review during a licensing inspection. This failure placed all 5 residents at risk of unmet care and service needs.

Findings included...

On 06/02/2023, a review of Resident 1's and Resident 5's records, showed no evidence of an admission agreement or policy for accepting Medicaid as a payment source (Medicaid payment policy). A review of Resident 3's record, showed no evidence of a current assessment (the most recent was 01/08/2020). A review of Resident 4's record, showed no evidence of a current assessment (the most recent was 05/16/2019) and no negotiated care plan (NCP). Resident 2's record was unavailable for review.

On 06/02/2023 at 12:30 PM, an interview the Resident Manager, showed resident records were disorganized and said they were in the process of getting each residents' documentation into individual binders. The Resident Manager said they had misplaced Resident 1's and Resident 5's admission agreements and Medicaid payment policy forms. Resident 4's NCP was on the Resident Manager's computer, but they did not have a signed copy of Resident 4's NCP. The Resident Manager had not requested current assessments for Resident 3 and Resident 4 because they did not know who the home's assigned department case manager was and Resident 2's son took Resident 2's records home.

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, Golden Rule Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 7-15-23 .

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

Theresa Peters — Provider (or Representative)

6-26-23 — Date

WAC 388-76-10730 Grab bars and hand rails.

(1) Homes licensed before November 1, 2016, must have at a minimum securely installed:

(b) Grab bars next to toilets, if needed by any resident;

This requirement was not met as evidenced by:

Based on observation, interview and record reviews, when the adult family home (AFH) remodeled the bathroom in Bedroom D, they failed to install grab bars next to the toilet used by 2 of 2 residents (Resident 3 and Resident 4), who occupied the bedroom and required assistance with transfers. This failure placed Resident 3 and Resident 4 at risk of unstable transfers and injury while using the toilet.

Findings included...

On 06/02/2023 at 1:30 PM, an observation of Bedroom D's bathroom, showed the toilet located in the corner of the bathroom, at a 45-degree angle from both adjacent walls. There were no grab bars next to the toilet.

A review of Resident 3's assessment dated 03/29/2023, showed Resident 3 was totally dependent on assistance from one caregiver to pull them up from a sitting position to a standing position. A review of Resident 4's assessment dated 07/20/2021, showed Resident 4 required extensive assistance from one caregiver to bear weight and transfer between the toilet and their wheelchair.

On 06/02/2023 at 1:30 PM, in an interview, when asked if the department had inspected and approved the bathroom after the remodel, the Resident Manager said a department Case Manager looked at the bathroom and said it looked okay. The Resident Manager denied a department Licensor visited the home to inspect the bathroom since it was remodeled in 2020.

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, Golden Rule Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 7-15-23.

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

Theresa Peters — Provider (or Representative)

6-26-23 — Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(b) Basic;

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

(a) Until March 1, 2016, a provisional home-care aide certification may be issued by the department of health to a long-term care worker who is limited English proficient.

WAC 388-112A-0115 How do we determine a long-term care worker's date of hire?

(1) The department determines a long-term care worker's date of hire under RCW 18.88B.021 (1) by one of the following, whichever occurs first:

(b) The date of hire when the individual was paid to provide personal care by a home care agency; or

(c) The date of hire when the individual was paid to provide personal care by a home licensed by the state.

This requirement was not met as evidenced by:

Based on observation, interview and record reviews, the adult family home (AFH) failed to document the long-term care (LTC) worker's original date of hire for 2 of 3 caregivers (Caregiver A and Caregiver B) to establish their home care aide (HCA) certification timeline and eligibility to provide care for AFH residents. This failure placed 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) at risk of unmet care and service needs.

Findings included...

On 06/02/2023 at 9:40 AM, an observation showed Caregiver A was providing direct

unsupervised care for AFH residents.

On 06/02/2023 at 2:00 PM, in an interview, when Caregiver A was asked how long they worked at the AFH, Caregiver A said they were not sure, but thought they started working at the home sometime in 2021.

On 06/02/2023, a review of Caregiver A's personnel file showed no documentation of Caregiver A's date of hire. Caregiver A had a 70-hour basic training certificate dated 04/01/2023, and 5-hour orientation and safety certificate dated 03/24/2023, but no HCA certification. A review of Caregiver B's personnel file showed no documentation of Caregiver B's date of hire. Caregiver B had a 70-hour basic training certificate dated 03/18/2023, and 5-hour orientation and safety certificate dated 03/10/2023, but no HCA certification.

On 06/14/2023 at 11:00 AM, in an interview, the AFH Provider said they were not sure of Caregiver A's and Caregiver B's dates of hire. The Provider was aware that without documentation of the caregivers' original date of hire, the department could not verify whether Caregiver A and Caregiver B met the requirements of the HCA certification timeline. The Provider said they thought Caregiver A's and Caregiver B's dates of hire were documented on their facility orientation forms and was not aware there was no facility orientation documentation in Caregiver A's and Caregiver B's personnel files.

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, Golden Rule Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 7-30-23.

HCA testing is pending.

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

Theresa Peters — Provider (or Representative)

6-26-23 — Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

WAC 388-112A-0400 What is specialty training and who is required to take it?

(4) All long-term care workers including those exempt from basic training who work in an assisted living facility, enhanced services facility, or adult family home who serve residents

with the special needs described in subsection (3) of this section, must take a class approved as specialty training. The specialty training applies to the type of residents served by the home as follows:

(a) Developmental disabilities specialty training as described in WAC 388-112A-0420 .

This requirement was not met as evidenced by:

Based on observation, interviews and record reviews, the adult family home (AFH) failed to ensure 3 of 3 caregivers (Resident Manager, Caregiver A and Caregiver B) completed developmental disabilities (DD) specialty training within 120 days of hire while 1 of 5 residents (Resident 3) with specialized developmental disabilities care needs resided in the home. This failure placed Resident 3 at risk of unmet specialized care and service needs.

Findings included...

On 06/02/2023 at 9:40 AM, an observation of Caregiver A, showed they were caring for residents independently in the home, including Resident 3.

A review of Resident 3's record showed they moved into the home on [redacted]/2019. Resident 3's assessment dated 03/29/2023, showed diagnoses of [redacted] and [redacted].

Resident Manager
On 06/02/2023, a review of the Resident Manager's personnel file showed their date of hire as 02/04/2019. There was no evidence of DD specialty training in the Resident Manager's file.

Caregiver A
On 06/02/2023, a review of Caregiver A's personnel file showed no documented date of hire. On 06/02/2023 at 2:00 PM, in an interview, Caregiver A said they started working at the AFH sometime in 2021. There was no evidence of DD specialty training in Caregiver A's file.

Caregiver B
On 06/02/2023, a review of Caregiver B's personnel file showed no documented date of date of hire, but there was an interim fingerprint background check result dated 09/09/2022 from the AFH's account. There was no evidence of DD specialty training in Caregiver B's file.

On 06/14/2023 at 11:00 AM, in an interview, the AFH Provider said they were aware their caregivers were required to have DD specialty training in order to provide specialized care for Resident 3, but the Provider was not sure whether caregivers had completed DD specialty training yet.

On 06/02/2023 at 10:30 AM, an observation showed Caregiver A preparing the lunch meal for AFH residents.

On 06/02/2023, a review of the AFH Provider's, Caregiver A's and Caregiver B's personnel files showed no evidence of a food worker card (FWC) or safe food handling continuing education (CE).

On 06/14/2023 at 11:00 AM, in an interview, the AFH Provider said they thought all of their caregivers were up to date with their food worker cards or safe food handling CE. The Provider was not aware Caregiver A and Caregiver B had no valid safe food handling education. The Provider was also under the impression that they (the Provider) did not need to have safe food handling education because they no longer prepared food in the home.

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, Golden Rule Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 7-15-23 .

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

Theresa Peters — Provider (or Representative)

6-26-23 — Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(1) The adult family home must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(1) Adult family homes.

(a) Adult family home applicants, providers, entity representatives, and resident managers must have and maintain a valid CPR and first-aid card or certificate before they obtain a license.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure 1 of 4 AFH staff (AFH Provider) maintained cardio-pulmonary resuscitation (CPR) and First Aid certification. This failure placed 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) at risk of harm in the event of an emergency where CPR and/or

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, Golden Rule Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 7-15-23 .

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

Theresa Peters — Provider (or Representative)

6-26-23 — Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(1) The adult family home must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(f) Continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 for a long-term worker who does not maintain a food handler's permit, and completed basic or modified basic caregiver training before June 30, 2005. A long-term* care worker who completed basic or modified basic training after June 30, 2005 is not required to have a food handler's permit.

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 4 staff (AFH Provider, Caregiver A and Caregiver B) completed required safe food handling continuing education (CE) after 10/27/2022 (when public health emergency rules ended) and by their birthdays in 2022 and 2023. This failure placed 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) at risk of foodborne illness.

Findings included...

First Aid was necessary.

Findings included...

On 06/02/2023, a review of the AFH Provider's personnel file, showed no evidence they had and/or maintained a CPR/First Aid certificate.

On 06/14/2023 at 11:00 AM, in an interview, the AFH Provider said they did not think they needed to keep up their CPR/First Aid certification because they no longer provided care for residents in the home.

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, Golden Rule Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 7-15-23.

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

Theresa Peters — Provider (or Representative)

6-26-23 — Date

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

Theresa H. Peters
Golden Rule Adult Family Home
132 E 62nd St
Tacoma, WA 98404

RE: Golden Rule Adult Family Home # 750994

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/14/2023 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 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

The adult family home (AFH) did not ensure Resident 3 and Resident 4 and/or their representatives reviewed and signed their negotiated care plans (NCP). AFH staff had Resident 3's and Resident 4's representatives review and sign their NCPs before the completion of the licensing inspection.

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The adult family home (AFH) did not have a lock on the door to the garage where toxic cleaning supplies were stored. AFH staff installed a locking handle on the door to the garage before the completion of the licensing inspection.

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

The adult family home (AFH) did not have three gallons of emergency drinking water to accommodate its licensed resident capacity, caregivers and household members for seventy-two hours as required. AFH staff obtained the required amount of emergency drinking water before the completion of the licensing inspection.

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

WAC 388-112A-0400 What is specialty training and who is required to take it?

(4) All long-term care workers including those exempt from basic training who work in an assisted living facility, enhanced services facility, or adult family home who serve residents with the special needs described in subsection (3) of this section, must take a class approved as specialty training. The specialty training applies to the type of residents served by the home as follows:

(b) Dementia specialty training as described in WAC 388-112A-0440 ; and

(c) Mental health specialty training as described in WAC 388-112A-0450 .

The adult family home (AFH) failed to ensure the Resident Manager completed dementia specialty training and mental health specialty training before providing care for Resident 2 with a primary diagnosis of [redacted] and Resident 5 with a primary diagnosis of [redacted]. The Resident Manager completed dementia specialty training and mental health specialty training before the completion of the licensing inspection.

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