STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

MARCELA & SAMUEL CUSMIR
A+ MERIDIAN VILLA ESTATES AFH
23420 124TH AVE SE
KENT, WA 98031

RE: A+ MERIDIAN VILLA ESTATES AFH License # 751244

Dear Provider:

This letter addresses Compliance Determination(s) 37768 (Completion Date 03/04/2024) and 33646 (Completion Date 12/21/2023).

The Department completed a follow-up inspection of your Adult Family Home on 03/04/2024 and found that you have corrected the violations listed in the Full report dated 12/21/2023. Your home is back in compliance as of 12/28/2023 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 388-76-10715-4, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10285

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

JAN 05 2024

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 751244	Compliance Determination # 33646
Plan of Correction	A+ MERIDIAN VILLA ESTATES AFH	Completion Date
Page 1 of 4	Licensee: MARCELA & SAMUEL CUSMIR	12/21/2023

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 12/07/2023 and 12/07/2023 of:
A+ MERIDIAN VILLA ESTATES AFH
23420 124TH AVE SE
KENT, WA 98031

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 — 12/22/2023 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.

Provider (or Representative) — Date: 12/30/23

WAC 388-76-10715 Doors Ability to open. The adult family home must ensure:

(4) Other doors leading to the outside that are not designated as an emergency exit must open without any special skills or knowledge, and they must remain accessible to residents unless doing so poses a risk to the health or safety of at least one resident; and

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure an entrance door could be opened without the need of a special skill or knowledge. This failure placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk of harm in an event of emergency that require them to be out through that door immediately.

Findings included...

During an environmental tour with Staff A, Provider, on 12/07/2023 at 11:57 PM, observation showed the entrance door had a chain lock approximately four feet above the floor. When the chain was slid in and connected to a small connector bar, the door could not be opened fully. The chain lock was approximately six inches long and when engaged to the small connector bar, the door could be opened approximately 3.5 inches only that a person could not pass through.

In an interview, on 12/07/2023 at 11:57 AM, Staff A stated that she did not know who put that chain lock in there.

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+ MERIDIAN VILLA ESTATES AFH is or will be in compliance with this law and / or regulation on (Date) 12/8/23 .

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

Provider (or Representative) — Date: 12/30/23

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff C, Caregiver) had two-step tuberculosis (TB [a potentially serious infectious bacterial disease that mainly affects the lungs]) skin testing. This failure placed the residents at risk of exposure to a communicable disease.

Findings included...

During an unannounced visit at the AFH on 12/07/2023 from 10:50 AM to 4:26 PM, observation showed Staff C interacted and provided care to Residents 1, 2, 3, and 4.

Review of personnel records showed the AFH hired Staff C as a Caregiver on 08/17/2023. Staff C's records included negative X-ray (a medical test that produces images of a part of the body) result dated 06/09/2023. There were no records that showed an initial TB skin testing was done within three days of employment and a second test one to three weeks after the initial test.

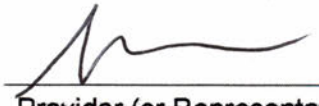
In an interview on 12/07/2023 at 3:45 PM, Staff A, Provider, stated that the X-ray test result was the only TB test result submitted by Staff C.

In an interview on 12/07/2023 at 3:48 PM, Staff C stated that they did not have a TB skin test.

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+ MERIDIAN VILLA ESTATES AFH is or will be in compliance with this law and / or regulation on (Date) 12/28/23 .

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



Provider (or Representative)

12/30/23

Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

12/22/2023

MARCELA & SAMUEL CUSMIR
A+ MERIDIAN VILLA ESTATES AFH
23420 124TH AVE SE
KENT, WA 98031

RE: A+ MERIDIAN VILLA ESTATES AFH # 751244

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/21/2023 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:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• 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 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(2) Ensure window and door screens:

(b) Prevent entrance of flies and other insects.

During a guided tour of the home with Staff A, Provider, on 12/07/2023 at 1:09 PM, observation showed Bedroom A window (unoccupied) had a small air conditioner attached. When the window was opened there was an opening/gap next to the air conditioner without a screen approximately 1 foot wide and 3 feet high. Staff A stated that they would immediately remove the air conditioner and put the window screen back.

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)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, 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:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 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